

# Kendall County Community Food Pantry Client Registration



<b>PRIMARY CLIENT</b>						<b>D</b>	<b>S</b>	<b>V</b>
First Name:	Last:				Date:			
Street Address:							Unit #	
City:			State:		Zip:		County:	
Phone:				E-mail Address:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Birth Date:		Ttl in Household:		AV:	ID:

<b>OTHERS LIVING IN THE HOME:</b> (adults and children)						
First Name	Last Name	Birth Date	D S V	Relationship	AV	ID

<b>HOUSEHOLD DATA:</b>	
Primary Language: (mark only one)	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Mandarin <input type="radio"/> Cantonese <input type="radio"/> French <input type="radio"/> Tagalog/Filipino <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Russian <input type="radio"/> German <input type="radio"/> Hmong <input type="radio"/> Haitian <input type="radio"/> Creole <input type="radio"/> Arabic <input type="radio"/> Portuguese <input type="radio"/> Other _____
Race / Ethnicity: (mark only one)	<input type="radio"/> White <input type="radio"/> Black / African American <input type="radio"/> Hispanic / Latino / Spanish <input type="radio"/> Asian / Pacific Islander <input type="radio"/> American Indian / Alaskan Native <input type="radio"/> Middle East / North African <input type="radio"/> Other _____
Current Benefits: (mark all that apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Other _____

<b>NOTES</b>	
Signature	Date