

Medfield Food Cupboard Household Registration Information

Client # _____

_____	_____	Home Phone: _____
First Name	Last Name	Cell Phone: _____
_____	_____	_____
Street Address	Email Address	
Proof of Residency: (e.g., copy of lease, utility bill) _____		

Total Number of People in Household: _____

Number of Adults, age 18-64 : _____

Number of Adults over 65: _____

Number of children under 18 in Household: _____

Child 1: Gender: _____	Month and Year of Birth _____
Child 2: Gender: _____	Month and Year of Birth _____
Child 3: Gender: _____	Month and Year of Birth _____

Is anybody in your house a veteran? _____

Do you receive SNAP: ____ Yes Do you need help with transportation: _____

Do you need information provided in a language other than English : _____

Other notes:

The Good Samaritan Food Act (Public Act 82-580) – excerpt:

Except as provided in subsection (b), a not for profit corporation or charitable organization which in good faith receives food for free distribution and which reasonably inspects the food at the time of donation and finds the food apparently fit for human consumption shall not be liable in any civil action based on the theory of warranty, negligence, or strict liability in tort, for damages incurred resulting from any illness or disease contracted by the ultimate users or recipients of the food due to the condition of the food.

- () I have read and understand the above disclaimer. I agree to abide by the guidelines and policies of the Medfield Food Cupboard and certify that all the information given by me above is true and complete. By signing, I declare my eligibility to receive USDA food.

All information provided on this form is confidential. It is only used for the purpose of communication.

Client Signature

Date

Food Cupboard Representative