

# Medfield Food Cupboard Client Information

Client # \_\_\_\_\_

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

<b>Total Number of People in Household:</b> _____
Total Number of Adults, age 18-64: _____
Number of Adults, over age 65: _____
Total Number of children under 18:
Child 1: Gender _____ Month and Year of Birth _____
Child 2: Gender _____ Month and Year of Birth _____
Child 3: Gender _____ Month and Year of Birth _____
<b>Is anybody in your household a veteran?</b> _____

## MONTHLY Income Information:

Monthly Wages – Applicant: \$ \_\_\_\_\_  
Monthly Wages – Other Adults: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
SSI/SSDI: \$ \_\_\_\_\_  
SNAP (Food Stamps): \$ \_\_\_\_\_  
TANF (AFDC) \$ \_\_\_\_\_  
Veteran's Benefits: \$ \_\_\_\_\_  
Alimony: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

### 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.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Food Cupboard Representative