

**UCG FOOD PANTRY
REQUESTED CLIENT INFORMATION**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ VERIFIED: _____

PHONE: _____ SNAP: ____ YES ____ NO

NUMBER IN HOUSEHOLD: _____ Adults: _____ Children: _____

OTHER HOUSEHOLD MEMBERS:

NAME	D.O.B.	NAME	D.O.B.
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By signing below,

- I affirm that the above information is true and factual and that I will advise the Food Pantry when and if any changes occur.
- I affirm that my household income falls within the parameters set by the Sate of Illinois Emergency Food Program as shown below:

Household Size	1	2	3	4	5	6	7	8
Maximum Gross Monthly Income	\$3765	\$5110	\$6455	\$7800	\$9145	\$10,490	\$11,835	\$13,180

I understand that

- I, or a member of my household may pick up food as needed on days and hours when the Food Pantry is open. If no member of my household is available to pick up food, I may designate another person as my proxy ONLY by completing the proxy form provided by Food Pantry personnel or found on the Food Pantry website.
- The food received is for the use of my household ONLY and may NOT be sold or given away.
- Some of the food provided to the UCG Food Pantry is donated and I release from all liability and hold harmless the UCG, Inc., the Food Pantry, its suppliers and volunteers.
- The UCG Food Pantry does not **discriminate** on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations and that the information given above is strictly for the use of the UCG and will not be shared with any other organization or agency.

SIGNATURE: _____ DATE: _____