

Ajo Food Pantry: Client Intake Form  
Please mail to PO Box 833 Ajo AZ 85321  
or drop off at 100 Estrella Ave. Ajo AZ 85321

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (cell or house; circle one): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

# of people in household: \_\_\_\_\_

# of adults (non-senior): \_\_\_\_\_ # of seniors (60 years +): \_\_\_\_\_

# of children: \_\_\_\_\_ # of children under the age of 5: \_\_\_\_\_

Is anyone in the household currently pregnant? \_\_\_\_\_

How would you describe your employment status? (Check all that apply)

Employed    Part-Time    Unemployed    Retired    Disabled    Student

Which public benefit programs are you currently participating in?

SNAP    WIC    TEFAP    Senior Commodity Box    Veteran Services    HUD    TANF    SSI

AHCCCS    American Indian Services    Utility Assistance

Other: \_\_\_\_\_

The undersigned client certified that the information provided is complete and true. Additionally, you understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive. Food is provided on a first come, first serve basis and there is no guarantee to the amount or type of food product given.

By signing below, you consent to have this information entered into our online client database.

The collected information helps your food pantry collect accurate information for a clearer understanding of hunger in our community. We respect your privacy and will not share your personal and individual information with anyone outside of this food security partner network.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_