



Client Name: _____ Client History #: _____

- Clients will sign the Food Pantry Guidelines form, acknowledging the set guidelines.
- Clients will be screened at least annually to determine pantry needs.
- Clients will be asked to complete a form requesting demographic information for statistical purposes.
- Clients are responsible for notifying JFS of any changes in address, phone number, family or financial situation.
- Clients will come to the food pantry during normal, posted food pantry hours.
 - **CURRENT PANTRY HOURS are Wednesday and Thursday 10am-2pm.**

If a client has an appointment with a JFS staff member during non-pantry hours or days, the client will fill out his/her shopping list ahead of time in order to get his/her groceries on the day of the appointment. Shopping lists can be faxed, e-mailed, or picked up in person at the JFS office.
- Shopping lists can be found online jfscharlotte.org go to main menu SERVICES, FOOD PANTRY and link to [Click here to download this week's menu.](#)
- Clients will have their grocery orders filled by JFS volunteers.
- All persons deemed eligible will receive seven days worth of groceries in accordance with the Loaves and Fishes guidelines.
- Use of JFS Pantry services will be limited to every two weeks during designated pantry days and hours.
- All people in the same household will be considered one family unit.
- Use of the Pantry area will be made available only to those persons whose names appear on the master list of Pantry clients, which will be kept in the Administrative and pantry areas of JFS.
- Any violation or abuse of Pantry guidelines will be reported to the JFS Case Manager or Director and appropriate restriction or modification of the person's Pantry privileges will be implemented.
- Food that has been pre-ordered will only be held for 24 hours from order date. It will then be returned to the Food Pantry.

I understand by signing this document that I have fully read and understand the terms of this agreement and will adhere to the guidelines.

Signature of JFS Client or Guardian Date ____/____/____



Client Name: _____ **DOB:** ___/___/___

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (h) _____ (w) _____ (cell) _____

Email: _____

Ethnicity:

- African American or Black
- Asian
- Caucasian - White
- Hispanic- Latino
- Native Hawaiian and Pacific Islander
- Other: _____

List All Persons Who Live in the Household:

Name	Age Range	Relationship
	___ 0-5 years ___ 6-18 years ___ 19-60 years ___ 60+ years	
		SELF
	___ 0-5 years ___ 6-18 years ___ 19-60 years ___ 60+ years	
	___ 0-5 years ___ 6-18 years ___ 19-60 years ___ 60+ years	
	___ 0-5 years ___ 6-18 years ___ 19-60 years ___ 60+ years	
	___ 0-5 years ___ 6-18 years ___ 19-60 years ___ 60+ years	

List All Persons in the Home Who Work and Contribute to Monthly Earnings:

Name of Person Working or Receiving Supplemental Income	Employer's Name or Income Source (SSI, SSDI, Child Support, Dividend Income, etc.)	Monthly Net Income
	\$ Total Wages	\$

The information on this form is true and correct to the best of my knowledge.

_____/_____/_____
Signature of JFS Client or Guardian Date