2027 Registration

Guest # _____
ReReg ☐
New ☐

Information on this form is for internal use only and will not be shared.

First: Date of Birth:

Last:

Address:

Phone Number: Text? No

Have you enrolled in SNAP: No Email address:

How do you get to Pantry (walk, car, bus, etc):

Other people in your household:

First Name, And last (if different)	**Date of Birth**	**Gender:** F/M/O	**Relationship** (e.g. child, spouse)	**Allow to Shop**
		Gender		Yes
		Gender		Yes
		Gender		Yes
		Gender		Yes

How many people in your home that are:

Disabled: 0 Unemployed: 0 Veterans: 0 Retired: 0

Primary language:

Ethnicity: ☐ Asian ☐ Black/African American ☐ Caucasian
☐ Hispanic or Latino ☐ Portuguese ☐ Other (specify):

By signing this you acknowledge our Guidelines and Policies.

Signature:_____ Date: _____

Office Use Only:

Address Verified: Yes No Document: _____ Oasis Date: _____ By: _____
☐ Weekly Shopper ☐ Other:_____ Approved by:_____
Referring Agency Documentation attached: Yes No