



FOOD PANTRY APPLICATION

HOUSEHOLD INFORMATION:

FULL NAME		DATE	
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
E-MAIL			
REFERRED BY		# PERSONS IN HOUSEHOLD	
NAMES OF HOUSEHOLD MEMBERS	AGE	RELATIONSHIP	

SOURCE OF INCOME:

EMPLOYMENT \$	UNEMPLOYMENT \$	SOCIAL SECURITY \$	SOCIAL SECURITY DISABILITY \$
TANF \$	FOOD STAMPS (SNAP) \$	SSI \$	GENERAL ASSISTANCE \$
OTHER - EXPLAIN \$			NONE

I have read and received a copy of the current Food Pantry Guidelines and Procedures YES NO

In consideration of the distribution to me (us) of any food products by New Trier Township, I (we) do hereby and forever release and discharge New Trier Township, its agents, employees and elected officials, and its and their successors, heirs and assigns and all persons whomsoever directly or indirectly liable from any and all claims and demands of any nature whatsoever which may in any way result from, arise out of, or related to the receipt, use, or consumption of the above referred to food or products. I (we) mean and intend to include in this release all claims or demands for personal injury, suffering and death or property damage resulting from or in any way connected with or arising out of the receipt, use of or consumption of such food or product.

I (we) sign this release freely and voluntarily, understanding its terms and agreeing to be fully bound.

SIGNATURE OF PATRON

DATE

APPROVED BY