

**NEW CLIENT**

Name/Nombre: \_\_\_\_\_

Date of Birth/ fecha nacimiento: \_\_\_\_\_

Phone/Telefono #: \_\_\_\_\_

Size/Talla

Pet Food/Mascotas  

 Diaper/Tamaño Del Pañal: \_\_\_\_\_

Feminine Hygiene Products? Yes or No

Condoms? Yes or No

**Choice of 2 Meats/ Elección Dos De Carne**

Chicken/Pollo

Beef/ Res

Fish/Pescado

Pork/Cerdo

Goat/Cabro



**Culture bag/Bolsa De Cultura:**

General

Latinx

Asian

East African

American Indian

Package Pick-Up/Recogida de paquetes: Front/Frontal or Back/Atras

OFFICE USE ONLY --	SMALL	LARGE
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## Food Shelf Enrollment Form

**Email:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Housing Type:** *circle:*

Own / Contract for Deed / Rent / Subsidized or Public Housing / Living with someone / Homeless

**Working Status:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Marital status:** \_\_\_\_\_

**Do you meet posted income guidelines?** (we do *NOT* ask for verification): YES / NO

**Are you eligible for WIC** (Nutrition Program for Women Infants Children)? YES / NO

**Are you eligible for SNAP** ("food stamps")? YES / NO If yes, do you receive SNAP now? YES / NO

**Street Address:** \_\_\_\_\_

**City:** Minneapolis OR other: \_\_\_\_\_ **State:** MN **Zip code:** \_\_\_\_\_



*I give permission to staff to electronically sign on my behalf to indicate that I have reviewed the posted policies and guidelines:*

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Household Information if applicable, Other than yourself:**

First Name, Last Name (Nombre)	Gender	Race	Birth Date (Fecha nacimiento)	How are they related to you?

**If you are unable to visit our location, you can send someone to pick up food for you. This is called a 'proxy.' Please complete this section if you want a proxy to pick up food for you.**

I designate the following individuals/entities to pick up food for me:

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***If you need additional resources, please call 612.767.9500.***