



CLIENT INTAKE FORM

Personal Information:

NAME: _____ DATE: _____

EMAIL: _____ ☐@yahoo.com ☐@gmail.com

☐@aol.com ☐@hotmail.com ☐Other _____

ADDRESS: _____

☐Hollis ☐Brookline ☐Other _____ NH ZIP: _____

PHONE: _____ ☐home ☐cell _____ ☐home ☐cell

Household Information

List below all persons living in this household, including self:

NAME RELATIONSHIP DOB CURRENT AGE

	SELF		

PETS: _____ # DOGS _____ # CATS _____ # OTHER

☐small ☐medium ☐large If other, specify what kind of pet(s) _____

Restrictions | Dietary Needs

Are there any special needs or dietary restrictions/allergies for any household members?

☐None ☐Low salt ☐Diabetic ☐Gluten-free ☐Other

If other, please explain: _____

Other (Optional) Information

Why are you in need of assistance?

☐Unemployed ☐Under-employed ☐Disability ☐Retired ☐Permanent ☐Temporary

Are there any other areas that you're struggling with? ☐Yes ☐No

If yes, we may be able to connect you with other appropriate resources that may be helpful, including but not limited to Brookline Police/Ambulance/Welfare, "The Blue Bus" and SHARE. ONLY your contact information will be shared with the appropriate resource to connect with you. By checking a box, you consent to your contact information being shared. Consent is not a guarantee of outcome.

Please check your area of need below:

☐Housing Expenses ☐Utilities ☐Prescriptions ☐Addiction
☐Personal Safety ☐Transportation ☐Other _____

Do you already utilize SHARE in Milford? ☐Yes ☐No

Certification

The undersigned client agrees that the information provided on this form is complete and true. Client understands and agrees to the following regarding the Food Pantry:

- This Food Pantry is meant to supplement additional assistance or resources received.
- Items are provided on a FIRST COME, FIRST SERVED basis.
- I relinquish this Food Pantry and the Town of Brookline NH of all liability of any nature whatsoever and accept the Food Pantry items "AS IS" and at my own risk.
- There is no guarantee as to the quantity, quality, or type of food/items available.
- I will not sell/exchange/barter the Food Pantry items received.
- Inappropriate behavior (profanity, verbal/physical abuse, disruptive behavior) is prohibited. Such behavior will result in suspension or termination of privileges.

Client Signature: _____ Date: _____

Email: welfare@brooklinenh.us

Staff Signature/Date: _____