



# DELCO Food Project

## PANTRY INTAKE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ # of People in household: \_\_\_\_\_ Number of children under 18: \_\_\_\_\_

Race \_\_\_\_\_ Income level below \$1300.00 per month  Yes  No

State ID # \_\_\_\_\_ State Issued: \_\_\_\_\_

Name of Children in household (under 18 years old):

1) \_\_\_\_\_ DOB: \_\_\_\_\_ 2) \_\_\_\_\_ DOB: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_ 4) \_\_\_\_\_ DOB: \_\_\_\_\_

5) \_\_\_\_\_ DOB: \_\_\_\_\_ 6) \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Others in household:

1) \_\_\_\_\_ DOB: \_\_\_\_\_ 2) \_\_\_\_\_ DOB: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_ 4) \_\_\_\_\_ DOB: \_\_\_\_\_

5) \_\_\_\_\_ DOB: \_\_\_\_\_ 6) \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dietary Restriction or Preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Dietary request will be accommodated based on availability)

Please email this application to [delcofoodproj@imagineimcc.com](mailto:delcofoodproj@imagineimcc.com) or drop it off at the address below.

DELCO Food Project 535 Lamp Post Lane, Aston, PA 19014

\*The DELCO Food Project respects the privacy of its consumers.