

# RECIPIENT CARD

NAME (PLEASE PRINT): \_\_\_\_\_  
Last Name First Name Co-Applicant

STREET ADDRESS: \_\_\_\_\_ APT.: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ (if no phone, please give friend's number) \_\_\_\_\_

NUMBER OF PEOPLE LIVING IN HOUSEHOLD: Adults (18 and over) \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_

## PLEASE LIST CHILDREN UNDER THE AGE OF 18 YEARS

Child's Name	Birthdate	Boy or Girl (B or G)

Child's Name	Birthdate	Boy or Girl (B or G)

I understand that the Woodstock Food Pantry, Inc., assumes no liability for any harm caused to individuals consuming food found to be damaged or out of condition that is received from the pantry.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## WOODSTOCK FOOD PANTRY ASSISTANCE PROGRAM

The Woodstock Food Pantry (Pantry) is a not-for-profit agency that provides nutritional assistance to people through goodwill donations from the community.

To be eligible for assistance from the Pantry, you must live in Woodstock School District 200. (Residents of Wonder Lake must use the Wonder Lake Pantry.)

**Photo identification and a current monthly utility bill to verify your residential address, must be provided each month you receive assistance from the Pantry.**

The Pantry Board of Directors reserves the right to terminate assistance to anyone who has been determined to have given false information in order to receive services or abused the services provided by the Pantry.

By signing this form, you and all beneficiaries release the Woodstock Food Pantry, and all of their agents, volunteers, officers, trustees and directors from any and all liability regarding the food items you receive from the Pantry.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_