

Hopewell Missionary Baptist Church
MANNA FOR THE MULTITUDE FOOD PANTRY
890 NW 15th Street, Pompano Beach, FL 33060
954-782-5778 or 954-249-9026

Date: _____

Name: _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Marital Status: Married _____ Separated _____ Single _____ Widowed _____

How did you hear about HHS Food Pantry? _____

Persons Residing in Home:

Name: _____ M _____ F _____ DOB: _____

Name: _____ M _____ F _____ DOB: _____

Name: _____ M _____ F _____ DOB: _____

Name: _____ M _____ F _____ DOB: _____

_____ Income eligibility

_____ Supplemental Nutrition Assistance Program (SNAP) (f/k/a Food Stamps)

_____ Temporary Assistance to Needy Families (TANF)

_____ Supplemental Security Income

_____ Medicaid

HHS Food Pantry Volunteers:

___ Asked client if he/she would like a Bible

___ Invited client to Worship/gave information regarding Worship times

___ Explanation was made to client that food could only be provided once per month

Release of Liability

I _____, do not hold Hopewell Human Services Inc., liable for any assistance given to me. I also understand that Hopewell Human Services Inc. provides referrals to assist clients and assumes no responsibility for services provided by other agencies.

(Signature) (Date)

Volunteer _____