

Dedham Food Pantry Client Registration Form



Statement of Mutual Respect and Responsibility

The Dedham Food Pantry (DFP) is committed to maintaining a safe, respectful, and welcoming environment. Everyone associated with the DFP, including employees, volunteers, clients, and their families, are responsible for treating each other with respect.

Therefore, we need your cooperation in creating an environment that is:

- Free from verbal abuse, inappropriate remarks or gestures, or intimidation on the basis of sexual orientation, religious beliefs or spirituality, gender, age, race, national origin, ethnicity, disability, political affiliation or any other real or perceived differences such as communication styles, physical characteristics and learning styles.
- Free from sexual harassment and unwanted physical contact.
- Free from violence – including physical abuse, assault, altercation, threat of violence, or threatening or intimidating behavior.
- Free from theft or destruction of personal or community property.
- Free from people who are under the influence of alcohol and / or other substances.
- Free from weapons of any kind.

Failure to follow this standard of conduct may jeopardize your participation in services provided by the DFP.

Please print clearly!

First name _____ Last name _____

Address _____ Phone (Cell/Home) _____

Email _____

Date of birth ____/____/____ Gender ☐ Male ☐ Female ☐ Non-Binary

Other household members: Relationship Gender Date of birth

1. Name _____ /____/____

2. Name _____ /____/____

3. Name _____ /____/____

4. Name _____ /____/____

5. Name _____ /____/____

6. Name _____ /____/____

7. Name _____ /____/____

8. Name _____ /____/____

Primary reading language

☐ English ☐ Spanish ☐ Haitian Creole
☐ Russian ☐ Ukrainian ☐ Greek ☐ Arabic
☐ Mandarin ☐ Other: _____

Race & Ethnicity (optional)

☐ Asian ☐ Black or African American ☐ Hispanic or Latinx
☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Middle Eastern ☐ White ☐ Two or more races

Are you, or anyone in your household, enrolled in any of these programs? The programs below do NOT affect your eligibility to shop at the Pantry but might be helpful to you. (Please circle)

SNAP Head Start Medicaid Veteran's Assistance AFDC Fuel
assistance WIC SSI Section 8 Housing

Do you have any special dietary restrictions, disability or accessibility needs? Please detail.

Note: We can not guarantee food each week for special dietary restrictions.

TURN OVER—FORM MUST BE SIGNED & DATED

To use the Dedham Food Pantry, you must:

1. Live in Dedham and show proof of residency (Driver's license and a bill with your name and address on it.)
2. Meet the Pantry's income guidelines:

| Income Guidelines | | | |
|--|-------------------------|--------------------------|-------------------------|
| # of Household Members | Annual Household Income | Monthly Household Income | Weekly Household Income |
| 1 | \$39,125 | \$3,260 | \$752 |
| 2 | \$52,875 | \$4,406 | \$1,107 |
| 3 | \$66,625 | \$5,552 | \$1,281 |
| 4 | \$80,375 | \$6,698 | \$1,546 |
| 5 | \$94,125 | \$7,844 | \$1,810 |
| 6 | \$107,875 | \$8,989 | \$2,075 |
| 7 | \$121,625 | \$10,125 | \$2,339 |
| 8 | \$135,750 | \$11,281 | \$2,603 |
| For each additional household member, add: | | | |
| | \$13,750 | \$1,146 | \$264 |

- All persons living together in a house or apartment are considered as one household even if they are not related.
- The income guidelines include the total income from all sources and all persons in the household. We do not consider bank accounts and other assets in the guidelines.
- If you do not meet the guidelines but believe you should be able to use the Pantry, talk to the Trustee on Duty.

I attest that:

- I am a Dedham resident. (Please show proof of residency.)
- I meet the income guidelines (above) and will notify the Pantry if my income increases.
- I have read and agree to observe the statement of Respect and Responsibility.

Signature

Date