



## Client Registration Form



Partner Agency Name: Community Congregational Church Agency #: 2258

### CLIENT INFORMATION

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### INFANT/CHILD INFORMATION

Please provide names of infant/child that is in need of diaper assistance. **Note: Verification is needed for each child. Diapers will not be distributed without client providing verification.**

	CHILD'S NAME	BIRTHDAY	RELATIONSHIP	OFFICE USE ONLY Verification Provided	
				Yes	No
1					
2.					
3					

I certify that the information/answers provided are complete and true. I further agree to the following:

- I will not sell the diaper products or exchange/barter for services and I understand that this is to be used as an emergency resource only and is meant to only supplement my needs.
- Diapers are provided on a **FIRST COME, FIRST SERVE** basis and I relinquish this diaper site and the Community FoodBank of New Jersey of all liability of any nature whatsoever and accept the diapers "AS IS" and at my own risk.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

HOUSEHOLD INFORMATION		Household Size	2016 Federal Poverty Annual Guidelines 100%	2016 Federal Poverty Annual Guidelines 200%
What is the total number of family members in the house?	_____	1	\$11,880	\$23,760
What is the annual household income?	_____	2	\$16,020	\$32,040
Is the household income under 100%? (Y/N)	_____	3	\$20,160	\$40,320
Is the household income under 200%? (Y/N)	_____	4	\$24,300	\$48,600
		5	\$28,440	\$56,880
		6	\$32,580	\$65,160
Month/Year of Registration	_____	7	\$36,730	\$73,460
		8	\$40,890	\$81,780

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_