



AUBURN INTERFAITH FOOD CLOSET CONFIDENTIAL REGISTRATION

Please write legibly

Registration Date: _____

Guest ID #: _____

First Name: _____

Middle Name : _____

Last Name: _____

Birth Date : _____ (M/D/Y)

Gender (optional): ____

Number of Persons in the Household: ____

Homeless: ____ (Y/N) If homeless, are you aware of the Auburn Shelter? Yes No

Additional Household Members (Please write clearly)

First Name	Last Name	Birth Date (M/D/Y)	Gender (optional)	Relationship
_____	_____	_____	____	_____
_____	_____	_____	____	_____
_____	_____	_____	____	_____
_____	_____	_____	____	_____

Physical Address: _____ Apt. #/Space #: _____ City: _____ Zip: _____

Type of Residence: Single-family Home Apmt/Duplex Trailer/MH Renting Room Group Home Other

Mailing Address: _____ Apt. #/Space #: _____ City: _____ Zip: _____

Telephone #: (____) ____-____ Other Phone #: (____) ____-____

Email address (optional): _____

Are you aware of the CalFresh (Food Stamps) program? Yes No

If you have children under 5, are you aware of the Women, Infants & Children (WIC) program? Yes No

CERTIFICATION AND LIABILITY RELEASE: I certify that the information on this registration form is true and I understand that I may receive food a maximum of once every 30 days (Homeless persons can receive reduced quantities once per week). I understand that the Auburn Interfaith Food Closet is a charitable organization which receives and distributes donations of food. The Auburn Interfaith Food Closet makes no representation as to the quality or condition of the food, and disclaims all warranties, expressed or implied by law, as to the fitness of such. The persons or organizations receiving such food from the Auburn Interfaith Food Closet agree not to hold the Auburn Interfaith Food Closet liable for any damage to persons or property caused by the condition or quality of the food.

Signature: _____ Date: _____



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