

EMERGENCY FOOD REGISTRATION FORM

Emergency Feeding Organization (EFO): Community FoodBank of New Jersey
Local Distribution Agency (LDA): The Food Brigade, Inc.

Name (print): _____ Date of Birth: _____ Gender: M F Non-binary
Street Address: _____ Apt./Unit: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____
Number of **adults** in household: _____ Number of **children under 18** in household: _____

QUALIFYING REASON (please circle):

1. **TANF - Temporary Assistance for Needy Families** (Social Services Program)
2. **SNAP/Food Stamps** Ran out/insufficient Lost Stolen Not Received
3. **SSI – Supplemental Security Income** (NOT Social Security)
4. **WIC – Women, Infants, and Children**
5. **MEDICAID**
6. **LOW INCOME** – 185% of Poverty (see schedule)
7. **DISASTER** (other – divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: _____

I certify that my total yearly gross household income is at or below 185% of the poverty, OR that my household participates in the program(s) that I have checked on the Emergency Food Registration Form. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP foods.

CLIENT SIGNATURE: _____ **DATE:** _____

Interviewer Name: _____

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD 3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf>, from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442;

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

The Food Brigade Inc.

CLIENT REGISTRATION FORM

Name (print): _____

Date of Birth: _____ Gender: M F Non-binary

Street Address: _____ Apt./Unit: _____

City: _____ State: _____ Zip: _____

Phone Number (cell preferable): _____

Email Address: _____

Additional Household Members:

1) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

2) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

3) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

4) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

5) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

6) Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

Primary language spoken in household: English Spanish Korean Filipino
Arabic Hindi Indonesian Malay Polish Russian
Other: _____

Ethnicity: White/Caucasian Black/African-American Hispanic/Latino Asian
Pacific Islander Middle-Eastern/North-African Native American
Other: _____

Any household member self-identifies as: veteran disabled recent immigrant refugee
evacuee mental illness pregnant/breastfeeding/post-partum

Household dietary considerations: diabetic egg yolk allergy fruit allergy
gluten allergy Halal Kosher low-sodium diet milk allergy peanut allergy seafood
allergy sesame allergy soy allergy sulfite sensitivity tree nuts allergy vegan
vegetarian wheat allergy Other: _____

Referred by: existing client family/friend media/news/outreach Internet search
social media (Facebook, Instagram) other food pantry/agency describe: _____

Do you have a consistent way of picking up from our distribution site?

- YES, if I place an order, I will come pick it up
- NO, I have difficulty coming to pick up

PLEASE NOTE: Although our mission is charitable in nature, you may be refused services if:

1. You make untrue or inaccurate statements in your registration application form or otherwise provide untrue or inaccurate information for your account.
2. You are abusive or threatening toward our staff or volunteers.
3. You fail or refuse to follow the instructions and direction of our staff or volunteers when receiving services (e.g., failing to follow the traffic directions given by staff upon picking up food from us, failure to wear a mask, etc.).
4. You fail to pick up food that you ordered and/or reserved, without contacting us to advise that you were unable to pick up.

ACKNOWLEDGMENT: I am accepting a charitable donation of food from The Food Brigade Inc. I hereby relinquish The Food Brigade Inc. of all liability of any nature whatsoever, and accept the food products “as is” and at my own risk. I understand that, if I reserve food or other assistance but then fail to pick it up or otherwise take receipt, I may deprive OTHERS who needed that assistance. I agree to abide by the above and by all other policies and procedures of The Food Brigade Inc., and I understand and agree that assistance may be immediately terminated otherwise.

CLIENT SIGNATURE: _____ **DATE:** _____

Mail your completed registration form to:

The Food Brigade
ATTN: Intake
P.O. Box 214
Paramus, NJ 07653

Upon our receipt, a representative of The Food Brigade will contact you to arrange for your intake interview.

[DO NOT SUBMIT THIS REGISTRATION FORM TO THE FAX NUMBER OR EMAIL ADDRESS ON THIS PAGE. PLEASE REFER TO THE INSTRUCTIONS AT THE BOTTOM OF THE PREVIOUS PAGE.]

Non-Discrimination Statement

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