## LAKELAND PANTRY ADDITIONAL INTAKE INFORMATION (optional)

Applicant Name	M. I.	Phone Number
Participant Address		Proxy if designated

Completion of this form is optional and will not affect your ability to receive food from Lakeland Pantry. We appreciate your completion of this information so we may gather statistical data for the LP Board and Grantors. We do not share any personal information outside of the LP. All volunteers must pass a background check and participate in the annual Civil Rights Training.

Please provide a photo ID, for identification purposes only, upon checking in.

Additional HH Member Name	Age	Gender

If more space is needed for household members, please request an additional sheet.

DATE
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CLIENT SIGNATURE

information form.docx

lakeland pantry additional