



## ALL ACCESS COMMUNITY DEVELOPMENT CORPORATION REGISTRATION FORM

Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M  F  Non-binary

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

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

Phone Number (cell preferable): \_\_\_\_\_

Email address: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_: Number of children under 18 in household \_\_\_\_\_

### QUALIFYING REASON (please check):

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, other-**
5. **MEDICAID**
6. **LOW INCOME** – 185% of Poverty (see schedule attached)
7. **DISASTER** (other–divorce, domestic violence, unusual expense, loss of employment, etc. )

Please explain: \_\_\_\_\_

I am accepting a charitable donation of food and/or products from **All Access Community Development Corporation**. I hereby relinquish **All Access Community Development Corporation** of all liability of any nature whatsoever and accept the food and other products “as is” and at my own risk.

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

Interviewer Name: \_\_\_\_\_

## HOUSEHOLD INFORMATION

### Additional Household Members:

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

Require: Sanitary Napkins  Adult Incontinence Diapers  Infant Diapers

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Gender: M  F  Non-binary

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

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

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

**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   
other food pantry agency  Other: \_\_\_\_\_

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

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

VERIFICATION & PROMISE TO RECEIVE FOOD: 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 and by doing so, I may be removed from the list to receive food from us in the future or other services provided by us in the future. I agree to abide by the above and by all other policies and procedures of **All Access Community Development Corporation**, and I understand and agree that assistance may be immediately terminated otherwise.

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

**If you are filling out this application on your own, upon completion you can scan it and submit via email (as a PDF file attachment only – NO PHOTOS) to [intake@allaccess-cdc.com](mailto:intake@allaccess-cdc.com), or you can mail it to:**

**All Access Community Development Corporation  
ATTN: Intake  
800 Catalpa Avenue, Suite 4  
Teaneck, NJ 07666**

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