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|  | **CLIENT INFORMATION FORM FOR FOOD PANTRY  FORMULARIO DE INFORMACIÓN DEL CLIENTE PARA EL BANCO DE ALIMENTOS** | |  |  |
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|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | |  | |  | | | | | | | | | | | | | | | | Date/Fecha | | | | |  | | Name/Nombre | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Address/Dirección | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  |  | | | |  |  | |  | | | | | | City/Ciudad | | | | | | | | | | State/Estado | | | | |  | | Zip Code/Código Postal | | | | | |  |  |  | | | | | | | |  |  | | | | | | | | | | | | **County/Condado** | | **Phone/Teléfono** | | | | | | | |  | **Email/Correo electrónico** | | | | | | | | | | | |  | | | | | | | |  |  | | | | |  | |  | | | | | | | Gender/Género | | | | | | | | | Race/Raza | | | | |  | | Birthdate/Fecha de Nacimiento | | | | | |  |  | |  | | | |  |  | | | | | | | | | | | | | | | | |  |  | | **Religion/Religión** | | | | | **Do you belong to a faith-based organization? If so, please specify/ Pertenece a una organización basada en la fe? Si es así, por favor especifique** | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Have you been to Jewish for Good before?/Ha estado en los servicios de Familias Judias antes?** | | | | | | | | | | | | | | | | | | | **Yes/Sí** | | **No** | | **If yes, for what services?/ Si es así, por favor especifique:** | | | | | | | | | | | | | | | | | | | | | | | **Please list other household members/Por favor indique otros miembros de su hogar:** | | | | | | | | | | | | | | | | | | | | | | | **Name/Nombre** | | | | | | **Relationship/ Parentesco** | | | | | | **Date of Birth/ Fecha de Nac.** | **Religion/ Religión** | | | | | **Gender/** **Género** | | **Race/** **Raza** | | |  | | | | | |  | | | | | |  |  | | | | |  | |  | | |  | | | | | |  | | | | | |  |  | | | | |  | |  | | |  | | | | | |  | | | | | |  |  | | | | |  | |  | | |  | | | | | | | | | | |  |  | | | | | | | | | | | |  |