



# New Creations Ministries

## CHURCH OF GOD IN CHRIST

# New Creations Ministries

### Food Pantry Registration Form

First Name		Middle Name		Last Name		Date of Birth	
<b>Name:</b>							
Address:						Apt. #:	
City:				State:		Zip:	
Phone:		Cell:			Email Address:		
M / F	Race		Other Language			Vet <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Residency Shown? <input type="checkbox"/> Yes <input type="checkbox"/> No				Type of Proof:			
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No				If No, do you wish to be provided with information? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about The New Creations Ministries Food Pantry?				Do you Own / Rent			
Years at current address?		If less than one year at current address, list prior address					
<b>Household Support Received</b> (Please indicate for all household members) <input type="checkbox"/> WIC <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> Welfare <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Head Start <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Foster Care <input type="checkbox"/> Pension <input type="checkbox"/> None of the above							

Special Dietary Needs/Requests: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Client's Initials \_\_\_\_\_

**New Creations Manna Pantry Registration Form**  
**\*\*Confidential Information\*\***

First Name		Middle Name		Last Name			
<b>Name:</b>							
<b>Household Information</b>							
List all Adults and Children Living in the Household						Total Household Members _____	
<b># of Children in Household (0-17)</b>		<b># of Adults in Household (18-64)</b>		<b># of Seniors in Household (65+)</b>			
Name	DOB	Sex M/F	Relationship to Applicant	K-12 Student	Other Language	Race	Vet Y/N
1.							
2.							
3.							
4.							
5.							
6.							

**Please circle # of Household Members**

# of Household Members	Annual	Month	Weekly
<b>1</b>	20,036	1,670	386
<b>2</b>	26,955	2,247	519
<b>3</b>	33,874	2,823	652
<b>4</b>	40,793	3,400	785
<b>5</b>	47,712	3,976	918
<b>6</b>	54,631	4,553	1,051
<b>7</b>	61,550	5,130	1,184
<b>8</b>	68,469	5,706	1,317
<b>For Each Additional Person, ADD</b>	+ 6,919	+ 577	+ 134

*I hereby certify that the above information is true to the best of my knowledge and I have read the New Creations Manna Pantry Rules and Regulations and understand them and will abide by the guidelines and policies. By signing below, I agree to these Rules and Regulations and I declare my eligibility for USDA foods. I understand that false information will result in the loss of privilege to use the New Creations Manna Food Pantry.*

**Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **New Creations Manna Food Pantry Rules and Regulations**

The New Creations Manna Food Pantry is a privately run non-profit organization. The New Creations Manna Food Pantry reserves the right to determine who receives food and how often the Pantry may be utilized. The use of the Pantry is a privilege not a right.

The New Creations Manna Food Pantry is accepting new client applications from residents in the State of Minnesota. Only one application per household, not individual, will be accepted. A client intake interview and form completion is required to become a client of the New Creations Manna Food Pantry. Questions regarding you, your family, your household members and needs will be asked to determine your eligibility to use the New Creations Manna Food Pantry. If there is any change in the information provided on the intake form, please notify the Pantry immediately. These interviews and intake forms need to be updated every six months or as requested.

All information given will be held in the strictest of confidence. Many statistics are needed to apply for grants that help to keep the Pantry well stocked. Additional surveys may be taken from time to time. Only percentages and numbers are used. We never use names for these grants.

**Distribution times are every Third Saturday of the month between 10:00a.m. – 1:00p.m.**

Remember, the food you receive is supplemental. If you find that you are relying on the New Creations Manna Food Pantry for all your food needs, please let us know. We may be able to direct you to other sources for help.

**Each member of the household receives 10 points.** Each item is listed on the shelf with the corresponding points needed for that item. Remember take only what you need. All food received and distributed is weighed for inventory control. Pantry staff workers are not always available or able to help bring food to your vehicle so please take only what you can handle or bring assistance with you.

**The re-sale or exchange in any way of any food or item received from the New Creations Manna Food Pantry is strictly prohibited.**

Client's Initials \_\_\_\_\_

# New Creations Manna Food Pantry Rules and Regulations

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No disorderly or threatening behavior towards the Food Pantry staff or other recipients will be tolerated at any time. No drugs or alcohol or anyone under the influence will be tolerated within the New Creations Manna Food Pantry at any time. Persons suspected of being under the influence or being disorderly or threatening, will be asked to leave and may be prohibited from returning to the New Creations Manna Food Pantry in the future. If they refuse to leave, the Police will be called immediately.

Failure to follow and obey these rules will result in removal from and the privilege to use the New Creations Manna Food Pantry.

*I hereby certify that the above information is true to the best of my knowledge I have read the New Creations Manna Food Pantry Rules and Regulations and understand them and will abide by the guidelines and policies. By signing below, I agree to these Rules and Regulations and I declare my eligibility for USDA foods. I understand that false information will result in the loss of privilege to use the New Creations Manna Food Pantry.*

**Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_