

Colonel's Cupboard
CLIENT INTAKE FORM

Date: _____

New Client

Return Client

Client Name:

Last: _____ First: _____ M.I. _____

Student ID # _____

Client Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: (cell) _____ (other) _____

Student Type: Full Time Part Time

How many credit hours are you taking? _____

Student Classification: Freshman Sophomore Junior Senior
Graduate Certificate

Are there other members of your household? Yes No

If yes how many: _____ Relationship: _____

Are you employed? Yes, on-campus Yes, off-campus No

Number of hours your work: _____

Do you have additional sources of income?

You Are a Dependent Sole Source of Income

Dietary Restrictions (For Example, Kosher, Food Allergies):

What do you have access to?

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove | <input type="checkbox"/> Pots/Pans |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Oven | <input type="checkbox"/> Plates/Cutlery |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Toaster | <input type="checkbox"/> Tupperware |

The undersigned client certifies that the information/answers provided are complete and true.

You further agree to the following:

- I understand that the Colonels Cupboard (food pantry) is to be used as an emergency resource only for Eastern Kentucky University students and is meant to supplement additional assistance or resources I may receive.
- I hereby affirm that I am a currently enrolled full-time or part-time student at EKV.
- I understand that food and non-food products are provided on a FIRST COME, FIRST SERVED basis. There is no guarantee as to the amount or type of food or non-food products to be provided.
- I hereby knowingly and voluntarily release, waive, and indemnify Eastern Kentucky University, and all its employees, regents, and volunteers as well as the donors to the Colonels Cupboard from any and all claims, actions, suits, and liability of any nature whatsoever brought as a result of my acceptance of food or non-food items from the Colonels Cupboard. I accept the food and non-food products "AS IS" and consume and use the products at my own risk.
- I agree to not sell the food or non-food products or exchange/barter food or non-food products for services.

CLIENT SIGNATURE:

Date: _____

Note: This waiver is based on Feeding America Guidelines
www.feedingamerica.org/