

# Winooski Community Food Shelf Registration Form

Date of Visit \_\_\_\_\_

NAME \_\_\_\_\_

(please print) Please indicate if you are homeless so we can better meet your needs.

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Number in Household:

Adults \_\_\_\_\_ Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children \_\_\_\_\_ Name(s): \_\_\_\_\_ AGE \_\_\_\_\_

Pets; \_\_\_\_\_ AGE \_\_\_\_\_

Dog(s) \_\_\_\_\_ AGE \_\_\_\_\_

Cat(s) \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

**Proof of Winooski Residency is required with;**

**A Copy of a Rent Receipt or Lease**

**A Utility Bill or Piece of Mail Indicating Residency**

**Driver's License cannot be used**

Type of ID: \_\_\_\_\_ Volunteers Initials \_\_\_\_\_