

# FOOD PANTRY REGISTRATION FORM

*Thank you for visiting The Eliza DoLittle Society (TEDS). We are glad that we are able to assist you!* TEDS purpose is to provide food to anyone in Bermuda who is in need. There is no qualifying for assistance and no one will be turned away. The information we collect is used to ensure that we can provide the greatest service and meet your needs.

IDENTIFICATION TYPE:

APPLICATION DATE:

IDENTIFICATION #:

## CLIENT INFORMATION

First Name:

Last Name:

Street Address:

Parish:

Postal Code:

Phone:

Date of Birth:

Gender: Male

Female

Nationality: Bermudian

Non-Bermudian

Do you have Health Insurance: Yes

No

## HOUSEHOLD INFORMATION

How many people reside in your home including yourself?

Seniors (65+)

Adults (18-64)

Minors (0-17)

Housing: Own

Rent

Homeless

Please list everyone in your household:

Name	Relationship to Applicant	Date of Birth MM / DD / YYYY	Gender (M/F)	Health Issues
		/ /		
		/ /		
		/ /		
		/ /		

\* Add any additional persons on the back of this page.

# FOOD PANTRY REGISTRATION FORM

## EMPLOYMENT STATUS

Are you currently employed? Yes  No  *If yes,* Full Time  Part Time

Place of Employment:

If you are not employed, when was the last time you were employed:

0-3 months  4- 6 months  7 – 12 months  1 – 3 years  3+ years

## SOURCES OF INCOME

- |   |   |
|---|---|
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Pension (Government) |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Rental Income        |
| <input type="checkbox"/> Pension (Private)    | <input type="checkbox"/> Other:               |

## DIETARY INFORMATION

Do you, or anyone in your family, have any food restriction or preferences?

- |   |  |
|---|--|
| <input type="checkbox"/> Vegetarian (no meat or fish)             | <input type="checkbox"/> Vegan (no meat, fish or animal by-products) |
| <input type="checkbox"/> Allergies (nut or other) Please specify: | <input type="checkbox"/> Other:                                      |



How else do you secure food?

- |   |   |
|---|---|
| <input type="checkbox"/> Purchase from grocery store              | <input type="checkbox"/> Meals on Wheels    |
| <input type="checkbox"/> Salvation Army                           | <input type="checkbox"/> Friends and Family |
| <input type="checkbox"/> Coalition for the Protection of Children | <input type="checkbox"/> Other:             |

CLIENT FEEDBACK

How did you hear about The Eliza DoLittle Society?

Another nonprofit organisation

Social Media

Government Department *If so, Which one?*

Newspaper

Other:

Is this your first time coming to The Eliza DoLittle Society?

Yes

No

What transportation do you use to come to the food pantry?

My personal vehicle

Bus

Come with a friend

Other:

Why have you come to the food pantry?

I lost my job since Covid-19 hit the island

I am unemployed and have been since before the pandemic

I am employed but need food

Other:

***The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:***

- ***Food is provided on a FIRST COME, FIRST SERVE basis and I relinquish this Food pantry of all liability and accept the food "AS IS" and at my own risk.***
- ***There is no guarantee to the amount or type of food products given.***
- ***You will not sell the food or non-food products or exchange/barter food or non-food products for services.***
- ***Inappropriate behaviour such as profanity, littering, verbal abuse of staff or volunteers or any other disruptive behaviour is prohibited. Any such behaviour may result in the suspension or termination of your privileges at this Food pantry.***

Signature \_\_\_\_\_