



Client Number: # \_\_\_\_\_

Date Registered: \_\_\_\_\_

**LVCAP**  
**CONFIDENTIAL FOOD PANTRY REGISTRATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

**Please Circle One:**

New Client

Re-registering  
(circle year)

2021 / 2022

2022 / 2023

2023 / 2024

2024 / 2025

**Please note: Proof of residence requirements require a valid NJ driver's license/NJ state picture ID or a current utility or credit card bill with address (including apartment number)**

ID type provided: \_\_\_\_\_ Verified by: \_\_\_\_\_

**FAMILY MEMBERS: ALL adults in the household (including registrant):**

Name: \_\_\_\_\_ Age: \_\_18-26 \_\_27-45 \_\_46-64 \_\_65+

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Name: \_\_\_\_\_ Age: \_\_18-26 \_\_27-45 \_\_46-64 \_\_65+

**Children in the household (infant through grade 12):** Child's Birthday      School & Grade  
Month/Year      (OFRS/KF/C/LVMS/WMC)

Name: \_\_\_\_\_ Male \_\_ Female \_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_ Female \_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_ Female \_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_ Female \_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_ Female \_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Referred by: \_\_\_\_\_