



Food liability release

The food items you are receiving have been inspected and have been determined fit for human consumption upon their receipt, however please be advised that some of this food has been donated due to package damage, freshness dates expired , or surplus, therefore:

1. New Hope Las Vegas Church has specifically disclaimed any warranties or representation, expressed or implied, as to the purity or fitness for consumption of any or all such items.
2. All items are accepted in "as is" condition.
3. Recipient will server the product as soon as possible to provide maximum palatability and freshness.
4. Recipient herby warrants and guarantees to New Hope Las Vegas Church that it will not hold them in action, suits of law or inequity, or any obligation whatsoever arising out of or attributed to any action by the Recipient in connection with its storage and/or use of the items supplied by New Hope Las Vegas Church in.
5. That Recipient will neither offer for sale, sell, transfer, nor barter the items supplied by New Hope Las Vegas Church in exchange for money, other properties or services.

_____	_____	_____	_____
Head of household	Social security #	Phone	
_____	_____	_____	_____
Address	City	State	Zip

Total # in Household \_\_\_\_\_ Children\_\_\_\_ Adults\_\_\_\_ Seniors\_\_\_\_  
 Dependants

Name_____	Age_____
Name_____	Age_____
Name_____	Age_____
Name_____	Age_____
Name_____	Age_____

Household total monthly income\$\_\_\_\_\_

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

**WAIVER**

I, the undersigned, do hereby understand the above stated release of liability and understand that this applies to all food received from New Hope Las Vegas Food Pantry. Recipient also agrees not to redistribute said food, for profit or otherwise. I certify that all information provided by me is true and correct, and I authorize verification of any information.

_____	_____
Recipient's Signature	Date

**Needs the following items (subject to availability):** Feminine Hygiene \_\_\_\_\_ Diapers (indicate size) \_\_\_\_\_  
 Baby Food \_\_\_\_\_ Baby Formula \_\_\_\_\_

**Product rejections:** *specify foods that you can NOT use* \_\_\_\_\_

\_\_\_\_\_

**Do not fill out this side of the form**

**Survey Assistance Form Information**

Have you received assistance from NHLV before? \_\_\_\_\_ Date \_\_\_\_\_

Are you receiving Food Stamps? Yes \_\_\_ No \_\_\_

If not, have you applied? Yes \_\_\_ No \_\_\_

Due Date \_\_\_\_\_

Housing: Rent \_\_\_\_\_ Own \_\_\_\_\_ Homeless \_\_\_\_\_ Car \_\_\_\_\_ Camping \_\_\_\_\_

If homeless, last place of residence: \_\_\_\_\_

How long have you been homeless? \_\_\_\_\_

Job situation: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_

Trade/occupation \_\_\_\_\_

If unemployed, where were you last employed? \_\_\_\_\_

**Comments** \_\_\_\_\_  
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**Interviewer:** \_\_\_\_\_

**Follow up:**

**Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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