The A. M. E. Zion Church
109-111 Washington Street
Newburgh NY 12550

Intake Form

Date: _____

Name:_____

Address_____

_____
City State

Household Information

How Many Adults (18-59) Live in Your Household ? _____

How Many Seniors (60 +) Live in Your Household? _____

How Many Children (0 – 17) Live in Your Household? _____

Type of Identification Provided:

_____

_____

Special Note:

Are you or anyone in your household allergic to peanuts or peanut products?_____

Or any other known allergies? _____

Signature:_____