



**Stepping Stone Food Pantry Registration Form**  
**1199 N US HWY 51, Poynette WI 53955**  
**Up-To-Date Information 608/635-3880**

First Name			Middle Name		Last Name		Date of Birth	
<b>Name:</b>								
Address:						Apt. #:		
City:				State:			Zip:	
Phone:			Cell:			Email Address:		
M / F	Race		Other Language			Vet <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of Residency Shown? <input type="checkbox"/> Yes <input type="checkbox"/> No				Type of Proof:				
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No					If No, do you wish to be provided with information? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about The Stepping Stone Food Pantry?					Do you Own / Rent			
Years at current address?			If less than one year at current address, list prior address					
<b>Household Support Received</b> (Please indicate for all household members) <input type="checkbox"/> WIC <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> EAEDS/Welfare <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Mass Health <input type="checkbox"/> Vet's Aid <input type="checkbox"/> Head Start <input type="checkbox"/> Pension <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Foster Care <input type="checkbox"/> None of the above								

Can we share your information with other local non-profit/assistance organizations? Yes No

**Special Dietary Needs/Requests:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

Client's Initials \_\_\_\_\_

## Stepping Stone Food Pantry Registration Form

**\*\*Confidential Information\*\***

First Name	Middle Name	Last Name
<b>Name:</b>		
<b>Household Information</b>		
List all Adults and Children Living in the Household		Total Household Members _____
<b># of Children in Household (0-17)</b>	<b># of Adults in Household (18-64)</b>	<b># of Seniors in Household (65+)</b>
Name	DOB	Sex M/F
1.		Relationship to Applicant
2.		K-12 Student
3.		Other Language
4.		Race
5.		Vet Y/N
6.		

**Please circle # of Household Members**

# of Household Members	Month
1	1,862
2	2,522
3	3,182
4	3,842
5	3,976
6	4,502
7	5,162
8	5,822
<b>For Each Additional Person Add</b>	+ 660

*I hereby certify that the above information is true to the best of my knowledge and I authorize the Stepping Stone Food Pantry to verify this information with any agency or individual listed as requested. I have read the Stepping Stone Food Pantry Rules and Regulations, understand them, and will abide by the guidelines and policies of the Stepping Stone Food Pantry. By signing below, I agree to these Rules and Regulations and I declare my eligibility for USDA foods. I understand that false information will result in the loss of privilege to use the Stepping Stone Food Pantry.*

**Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Stepping Stone Pantry Rules and Regulations

The Stepping Stone Pantry is a privately run non-profit organization. The Stepping Stone Pantry reserves the right to determine who receives food and how often the Pantry may be utilized. The use of the Pantry is a privilege not a right.

The Stepping Stone Pantry is accepting new client applications. Only one application per household, not individual, will be accepted. A client intake interview and form completion is required to become a client of the Stepping Stone Pantry. Questions regarding you, your family, your household members and needs will be asked to determine your eligibility to use the Stepping Stone Pantry. Failure to comply with the interview process may limit your access to the Stepping Stone Pantry. If there is any change in the information provided on the intake form, please notify the Pantry immediately. These interviews and intake forms need to be updated once a year, or as requested.

All information given will be held in the strictest of confidence. Many statistics are needed to apply for grants that help to keep the Pantry well stocked. Additional surveys may be taken from time to time. Only percentages and numbers are used. We never use names for these grants. We do request permission to share your information with local non-profit organizations and clubs that offer additional assistance.

Distribution times are available by calling Stepping Stone 608/635-3880 for up-to-date times, or by appointment only (no walk-ins allowed) Days and times may change without notice so please call ahead to be sure of availability. If you have any questions or need to cancel your scheduled appointment, please call the Stepping Stone Pantry at 608-635-3880. Multiple failures to show up for your scheduled appointment may lead to restrictions on future appointments.

Remember, the food you receive is supplemental. If you find that you are relying on the Stepping Stone Pantry for all your food needs, please let us know. We may be able to direct you to other sources for help.

Remember take only what you need. All food received and distributed is weighed for inventory control. Pantry staff workers are not always available or able to help bring food to your vehicle so please take only what you can handle or bring assistance with you.

The re-sale or exchange in any way of any food or item received from the Stepping Stone Pantry is strictly prohibited.

Client's  
Initials\_\_\_\_\_

**Stepping Stone Pantry Rules and Regulations**  
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No disorderly or threatening behavior towards the Food Pantry staff or other recipients will be tolerated at any time. No drugs, alcohol, or anyone under the influence will be tolerated within the Stepping Stone Pantry at any time. Persons suspected of being under the influence or being disorderly or threatening, will be asked to leave and may be prohibited from returning to the Stepping Stone Pantry in the future. If they refuse to leave, the Police will be called immediately. Staff does not retain cash for any reasons while pantry is open. Donations are to be mailed in the form of a check or money order to SSLC, 1199 N US HWY 51, Poynette, WI 53955.

Failure to follow and obey these rules will result in removal from and the privilege to use the Stepping Stone Pantry.

Can we share your information with other local non-profit/assistance organizations? Yes    No

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**Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_