



## 客戶登記表 Registration Form

日期: **Date:** 年: yy \_\_\_\_\_ 月: mm \_\_\_\_ 日: dd \_\_\_\_

姓: **Last name:** \_\_\_\_\_ 名: **First name:** \_\_\_\_\_

出生年: yy \_\_\_\_ 月: mm \_\_\_\_ 日: dd \_\_\_\_ **Date of Birth** 地址: **Address (include street and zip code):** \_\_\_\_\_

電話號碼: **Phone Number:** \_\_\_\_\_

電子郵件: **Email:** \_\_\_\_\_

首選語言: **Preferred Language:** \_\_\_\_\_

住戶人數: **Number in Household:** \_\_\_\_ 他/她們的性別:

**Gender (Circle 打圈):** 女 female; 男 male;

居住證明: **Proof of Residency (Circle One 打圈):** 駕照 Drivers License; 麻州居民証 Mass ID; 电费煤气费账单 Utility Bill; 租房合同 Apartment Lease.

住戶其它成员名单 **Other Household Members:**

姓名 Name	關係 Relationship	性別 Gender (circle) 男 M 女 F	出生日期 Date of Birth	就讀學校 School Attending 如果適用 (if applicable)
		M F		
		M F		
		M F		
		M F		

		M F		
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**你的家庭成員屬於哪類別？標記所有適用 Which categories describe the members of your family? Mark all that apply(optional)**

—白人  
**White**

—美国印第安，阿拉斯加原住民  
**American Indian or Alaskan Native**

—西班牙裔，拉丁美洲人，西班牙人  
**Hispanic , Latino or Spanish origin**

—中東或北非人  
**Middle Eastern or North African**

—黑人，非裔美國人。  
**Black or African American.**

—夏威夷原住民，太平洋島民  
**Native Hawaiian or Pacific Islander**

—亞洲人。  
**Asian**

—其他族裔，地区  
**Some other race, ethnicity or origin**

**任何食物过敏或饮食限制, 请注明以下 Any Food Allergies or Dietary Needs**

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**你是政府福利受益者吗?请打勾Do you receive any of the following benefits (Circle which ones apply)**

WIC粮食卷 Food Stamps/SNAPHead Start  
 社会福利金Welfare 退役軍人福利金Veteran’s AidAFDA  
 养老金SSI/SSD 煤气补助Fuel Assistance

你是残疾人吗? 是YES \_\_不是NO\_  
**Are you Disabled (circle): YESNO\_**

你是否有工作?是YES: \_\_不是NO:\_\_\_\_  
**Are you Employed (circle): YES\_\_NO\_\_**

你是退伍军人吗?是YES \_\_不是NO;  
Are you a Veteran (circle):YES NO

年收入Annual Household Income 請圈選(Please circle ONE):

0-22,000

29,651-37,300

44,951-52,600

22,000-29,650

37,301-44,950

超過More than 52,600

客户合同: **Guest Contract:**

通过与阿灵顿食品食品发放处签约, 您同意遵守以下规则:

By signing up with the Arlington EATS you have agreed to follow these rules:

1. 不许插队, No cutting in line.
2. 不许帮别占领一个排队位置, 不许用袋子或购物车代替你本人和代替别人排队。No saving spots in line. Bags or carts cannot be used to hold your place in line.
3. 您必须尊重其他客户和志愿者。You must be respectful of other guests and volunteers.
4. 您可以在阿灵顿食品发放处每周领一次食品 (星期三上午或下午) You may visit the Arlington EATS Market once a week (Wednesday AM or PM).

违反这些规则的客户将失去领取食品资格Those who break these rules will lose Food Pantry privileges.

签名: \_\_\_\_\_ 日期: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

