

## Fair Lawn Human Services Department Information Update

The Fair Lawn Human Services Department assists individuals and families who are temporarily in need of assistance. We also assist our clients in attaining additional services that may benefit them during the hard times in their lives.

We will be happy to assist you and we offer these guidelines to you so that we can provide the most help:

1. Please provide proof of residency in the form of a driver's license, current lease or utility bill.
2. If you are currently collecting assistance (TANF, food stamps, disability, unemployment, etc.) of any type please provide a copy of your acceptance letter or most recent check for our records. If not, please provide your most recent tax return.
3. Please fill out the attached information sheet. This is only for our records and will not be shared with anyone outside of this office. If you have recently filled out an intake sheet, please fill out this one also as we need this to update our files.
4. Residents can receive one bag of food per week. If the Food Pantry is short on supply, then alternate guideline may be temporarily enacted.
5. Pantry bag pick up hours are from Monday, Wednesday, and Thursday from 1-3 pm. If you unable to make those time or have an item request, call me at 201-777-6156, email me at [mkissane@fairlawn.org](mailto:mkissane@fairlawn.org) or fill out an request form, located in the pantry. We will do our best to accommodate your requests.
  - a. Please do not show up at the food pantry outside of the pantry hours unless we have arranged and confirmed another time for pick up.

It is our hope that we can provide you the ability to get back on your feet. If there is anything else that we can do for you, please do not hesitate to ask. We will do what we can.

**FAIR LAWN DEPARTMENT OF HUMAN SERVICES  
INTAKE SHEET**

First Name	Last Name
Address	
City	
Phone Number	Email:

**FAMILY COMPOSITION:**

Adults (Names/Ages):	
Child #1 (Name/Age/Birthdate)	
Child #2 (Name/Age/Birthdate)	
Child #3 (Name/Age/Birthdate)	

**REASON FOR ASSISTANCE: (CHECK ALL THAT APPLY):**

Natural Disaster		Pending receipt of Paycheck	
Check lost/stolen/destroyed		Unemployed (Receiving Unemployment)	
Benefits Delayed		Unemployed (No Unemployment)	
Denied Benefits		Seasonal/Temp Work	
Ineligible for Benefits		Money Management Problem	
Insufficient Assistance		Unusual housing/moving expenses	
Pending receipt of Assistance		Domestic difficulties/Divorce	
Insufficient pay/hours		Illness or injury	
On Strike		Other: _____	

**SPECIAL ACCOMODATIONS**

Cooking facilities?	Y	N	
Dietary Restrictions:	Y	N	Type:
Baby Food/Formula:		Diapers? Size?	

**SOURCE OF SUPPORT (INCLUDE ALL PEOPLE PLEASE)**

Work	\$
Food Stamps (amount)	\$
TANF/GA (amount)	\$
Earned Entitlement (SS, SSD, SSI, UI)	\$
Child Support	\$
No Income/Other Income	\$

**EXPENSES**

Housing Costs	\$
Utilities	\$
Child Care	\$
Car Payments, Insurance, etc.	\$
Other	\$

<b>Homeless Residents:</b>	Live w/Friend/Family:	Y	N	Lives in Shelter/Motel:	Y	N
----------------------------	-----------------------	---	---	-------------------------	---	---

Clients Signature:

Date:

**NOTES:**