The Cabinet

UW Oshkosh

STUDENT INTAKE FORM

Date:\_\_\_\_\_\_\_12/16/2020\_\_\_\_\_\_\_\_\_\_ Do you live: On Campus ▢ Off Campus x▢

New Student Certification x▢

or Student Recertification (if you have used pantry in the past) ▢

Name:\_\_\_\_Colten Cashmore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_0794962\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date-of-Birth:\_\_\_\_\_\_\_\_01/10/1998\_\_\_\_\_\_\_\_

Primary Phone:\_\_\_8155294647\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:[\_\_\_\_\_\_\_\_cashmc62@uwosh.edu](mailto:________cashmc62@uwosh.edu)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Info:

List names, ages and relationships of household family members

Total number of household members under age 18:\_0\_\_\_\_\_\_

Individuals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total number of household members over age 18:\_\_2\_\_\_\_\_

Individuals:\_\_\_\_Corey Knudsen Lauren Belling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total number of household members over age 65:\_\_0\_\_\_\_\_

Individuals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The undersigned client certifies that the information/answers provided are complete and

true. You further agree to the following:

* You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive
* Food is provided on a FIRST COME, FIRST SERVED basis and I relinquish The Cabinet and the University of Wisconsin Oshkosh of all liability of any nature whatsoever and accept the food “AS IS” and at my own risk
* There is no guarantee to the amount or type of food product given.
* You will not sell the food or non-food products or exchange/barter food or nonfood products for services
* Inappropriate behavior such as profanity, verbal abuse of staff, or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry
* You understand that food distributed by the The Cabinet has been donated from various sources and that none of the parties involved in the program make any warranties as to the quality of the food or its value for any particular purposes. You understand the health risks of food consumption and agree to properly care for and prepare the food received.
* By submitting this form you, for yourself, your heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the original food donors, the Board of Regents of the University of Wisconsin System, the University of Wisconsin Oshkosh, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury and/or illness, or death which may result from my participation in the program. This release includes claims based on the negligence of the listed parties, but expressly does not include claims based on their reckless and intentional misconduct or gross negligence.
* You understand that by agreeing to this clause you are releasing claims and giving up substantial rights, including your right to sue.

\*For online submission, instead of signing your signature, please type your initials to signify your agreeance of the above information

Initials: \_\_\_\_\_CC\_\_\_ Date: \_\_\_\_\_12/16/2020\_\_\_\_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_Colten Cashmore \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_12/16/2020\_\_\_\_\_\_\_\_\_