

Date:

Last Name:	First Name:
Phone:	Email:
Address:	

PLEASE LIST ALL CURRENT HOUSEHOLD MEMBERS		
Name	Relationship	Birthdate

Client is a client of :

Food Bank

**Resource Center** 

Household is eligible for \_\_\_\_\_ items/month

If I cannot attend on a distribution day, the following individual(s) are allowed to pick up items for me.

**Client Signature** 

date

**Staff Signature** 

## **PROGRAM GUIDELINES**

Must be current client of Orcas Community Resource Center or Orcas Island Food Bank Household may shop at the Coates Cabinet once per month either at a scheduled Resource Center appointment or the 1st and 3rd Tuesday of the month from 3;30pm-5:00pm. Each household is eligible for a base of five items and one item per additional household member. *Example: A Household of 3 would receive 5 items + 2 additional for a total of 7 items per month.*