North Creek Food Bank

Information on person or persons receiving aid

Name of family: _____

Address: _____

Phone: _____

Adults: _____ Race: _____

Children: _____ Race: _____

TANF: _____ SSI: _____ Food Stamps: _____ Medicare: _____ Other: _____

Monthly Income: $ _____ Food Allergies/Limitations: _____

I declare the above information to be true.

_____ _____

Signature Print Name Date

Our program provides services to eligible applicants without regard to race, color, creed, religion, handicap, age, national origin, political beliefs, or sex.

Contact Date:	*Comments:*