

Homer Community Food Pantry

Name _____ Date _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Monthly Household Income: _____

Members of Household (Relationship Options: Self, Husband, Wife, Child, Grandchild, Parent, Relative, Friend, Partner)

First & Last Name	Birthday Mon/Day/Yr	Sex M/F	Relationship See List Above	Highest Level of Education	Veteran Yes/No	Disabled Yes/No	Single Parent Yes/No	Employed Yes/No
			Self					

(List additional household members on back of this sheet)

Household Income/Assistance Sources (Please check Yes or No for each source):

Income Source	Yes	No		Income Source	Yes	No
Wages			/	Energy Assistance		
AK Permanent Fund Dividend			/	Salvation Army Food Box		
Social Security			/	Financial Council		
Unemployment			/	Mental Health Assistance		
Food Stamps / SNAP			/	Other		
SS/SSI			/			
Child Support			/			
Aid for Dependent Children			/			
WIC			/			

Special Food Needs or Restrictions: _____

Recipient accepts this gift of food "AS IS" and releases the original donor AND Homer Community Food Pantry from any liability resulting from the condition of their donated food and further agrees to indemnify and hold the original donor or Homer Community Food Pantry harmless against any and all liabilities, damages, losses, claims, causes of action, and suits of law or in equity or any obligation whatsoever arising out of or attributed to storage and use of donated food. In signing, recipient agrees to examine all food taken to make sure it is safe and acceptable for human consumption.

Signature: _____ **Date:** _____

