

OFFICE USE ONLY

____/____/____ FB Rep: ____ | In- Person: ____ Homebound: ____ | Rcvd Food Today: ____ | Update Tabs: ____ | New ____ Renewal ____
 Date Applied

FORT BRAGG FOOD BANK PARTICIPANT APPLICATION

_____/_____/_____
 Last Name First Name Birth Date

_____(_____)_____-_____
 Physical Address (No PO Box) City State Zip Telephone

Total Number of People in Household: ____ # Age 0-17: ____ # Age 18-59: ____ # Age 60+: ____

Total Monthly Household Income: \$ _____ (enter zero, if none)

LIST ALL OTHER HOUSEHOLD MEMBERS

Name	Birth Date	Relationship	Adult HH Member Authorized to pick up
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Working? Y ___ N ___ **Homeless?** Y ___ N ___ **Food Stamps?** Y ___ N ___

Ethnicity: (Optional): Are you Hispanic or Latino? Yes: ___ No: ___

Race: (Optional): White: ___ Native American/Alaska Native: ___ Black: ___ Asian: ___ Hawaiian/Pacific Islander: ___ Other: ___

In accordance with Federal law this organization does not discriminate on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

Disclaimer

Maximum Monthly Income

I am applying to receive food from the Food Bank. I understand that it is my responsibility to inspect the food I receive for fitness for consumption before eating it. The Mendocino Food and Nutrition Program, Inc., and the original donor, expressly disclaims fitness for a particular use. I release them from any liability resulting from the condition of the food. The Food Bank representative has explained to me that the Food Bank tries to give good food, but that I should be sure the food is not spoiled before I eat or give it to anyone else to eat. I will not sell or offer this food for sale.

I have been advised of the Maximum Income Level Guidelines (see chart to right). I certify that my household income is below those guidelines.

I understand that this application is kept on file in the Food Bank office, and covers liability for any time after this that I come in, as well as this time.

I have read the above "Disclaimer," or a Food Bank representative has read this document to me, and I understand the contents. If my income or living arrangements change, I will notify the Food Bank within 30 days of those changes. By signing this application, I acknowledge that I have read and understand the contents, and information I provided is true. I will comply with the Food Bank requirements.

Household Size	Monthly Household Income
1	\$1,517.50
2	\$2,057.50
3	\$2,597.50
4	\$3,137.50
5	\$3,677.50
6	\$4,217.50
7	\$4,757.50
Over 7	Add \$544 Each

 Applicant's Signature

 Date