



General Information

Full Name: _____
Last First M.I.

Address: _____
Street Address (No P.O. Box) Apt/Unit#

City State Zip Code

Phone: _____ Birth Date: _____ Marital Status: _____

House Hold Information (ask for another sheet for additional people)

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE

Recipient Agreement

- Households are eligible to receive food assistance if the total gross income for the household does NOT exceed 185% of the federal poverty level as shown in the table on the New Client Information sheet.
- One food bank account per address in supported areas: Maricopa, Stanfield, Eloy, Coolidge, or Arizona City.
- A food bank card and a valid picture ID MUST presented upon check-in. Recipients without picture ID will NOT be able to receive food.
- The name on the ID presented MUST match the name on the account **OR**
- The name of one of the listed household members (18 years or older) **OR**
- The name of an approved person identified on the account as being allowed to pick up food
- Your signature on this form is your agreement to all of the statements above.

Recipient Signature

Date

Primary Recipient for official use only:

Intake Initials / Case ID: