



**Community Food Bank
Food Box Distribution**

Pantry Client Information Form (revised 9/15/2014)

3003 Country Club Rd
P O Box 26727 Tucson, AZ 85726-6727
520-622-0525 - Fax 520-882-0481

Main Member-(Person Picking up the box)

Print Clearly

Date _____
(mm/dd/year)

Last Name (legal): _____ First Name(s): _____

DOB (mm/dd/year): _____ Age: _____ Gender(Circle): Male Female Homeless ☐

Address: _____ City: _____ State: AZ Zip: _____

Phone: 520- _____ Circle one: Home / Cell

Ethnicity (Circle the Choice) Select one:

Asian Black Hispanic Native american Pacific Islander White Other

Tau(Select with an X in front of correct choices)

☐ Pregnant

Comments: _____

☐ Parent W/@Least One Child Under 18

☐ Single Female Head of Household

☐ Individual 21+, Part of a Bonded Couple Residing Together

Other Household Members

For each family member, indicate the Ethnicity with the following

Ethnicity (Select) *

Select one: Asian Black Hispanic Native american Pacific Islander White Other

Last Name Print Clearly	First Name Print Clearly	DOB (mm/dd/year)	Age	Gender M/F	Ethnicity	Relationship To Main Member
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Check TANF box for eligibility if you meet at least one of the following conditions: 1) Pregnant, 2) Parent(21 years or older) who resides with at least one child under the age of 18 years, 3) Individual (21 years or older) who is part of a bonded couple that resides together. By Checking TANF, I certify the following: I meet the current eligibility guidelines to receive USDA commodities. My household income does not exceed 185% of the Federal Poverty Level. Neither I nor members of my household have received USDA commodities from any other distribution site during the month. I will not sell, trade, barter, or exchange these commodities for service. I live in the geographic area served by this distribution site.

Signature signifies release of Community Food Bank and its agents against all liabilities or claims whatsoever arising out of donations/service and consents to the sharing of the information for purposes of soliciting donations and grants.

Signature of Client _____ Signature of Referring Agency Rep _____

Agency Name _____

IMPACT of Southern Arizona

Client Registration

Office Use
HH#: _____
Date: _____
Employee Initial: _____
Proof of Residence Type: _____

Application Date: _____	County of Residence: _____
Address: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____
Email: _____	
<input type="checkbox"/> Homeless <input type="checkbox"/> Female HH	

(Race) 1. American Indian-Alaskan Native 2. Hawaiian-Pacific Islander 3. Black-African American 4. Asian & White 5. American Indian or AK Native, & African American
 6. Asian 7. American Indian or AK Native, & White 8. White-Caucasian 9. African American & White 10. Other (Ethnicity) A. Hispanic -Latino B. Other

Client Household Information										Client ID #
<i>Please list all individuals who reside in your home on a regular basis. List the Head of Household first, in the highlighted box.</i>										
First	M.I.	Last	DOB mm/dd/yy	Gender M/F	Disabled?	Race (1-10)	Ethnicity (A or B)	Relationship to HH	School in which your child is enrolled	
HH								Self		
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Emergency Contact:			Relationship:					Phone:		

☐ I have read and understand the client Grievance Procedures and know what to do if I have a complaint about Impact of Southern Arizona services.
☐ I certify that I/we meet the income qualifications shown to me and are eligible to receive services from Impact of Southern Arizona.

 Client Print Name

 Client Signature

 Date