Brazos Valley Food Bank Client Assistance Intake Form

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity others than the Brazos Valley Food Bank for reporting purposes.

CLIENT DOCUMEN		ent may fill this	•				ake:			_
**Are you homeles	s? ∐ Yes ∐	No If no,	please (complete a	ddress	portioi	of form.			
lousehold Informa	tion:							_		
FULL NAME First Middle Last)							ATE OF BIRTH			
ADDRESS										
CITY / STATE/ ZIP/ COUNTY										
PHONE NUMBER										
How many people	-	` `		•						
ALL HOUSEHOLD MEMBER NAMES:							DATE OF BIRTH (MM/DD/YYYY			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
Are you head of the Are you? (CIRCLE African American		ES / NO White		Hispanic		Nativ	re America	an		Other
Does your family ro			?					NA 5 /=		
Temporary Assistance To Needy Families (TANF / AFDC)							S	NAP (F	ood Sta	
	SSI		Medicaid WIC							

The Total Gross Inc	come (the amou	ınt before ded	uctions) of all ho	useho	old me	embers	is:		
HOUSEHOLD INCOME \$		Per	Year 🗆		Per M	onth		Per	Week	
Vas there an emer	gency situation	that caused y	ou to n	eed food	? Y	es	No			
If yes, please state situation										
SIGNATURE from (USDA Dvd		ate	

regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that

their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client until re-certification is necessary.