



**Community Food Bank  
Food Box Distribution**

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

3003 Country Club Rd  
PO 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

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

- Pregnant
- Parent W/@Least One Child Under 18
- Single Female Head of Household
- Individual 21+, Part of a Bonded Couple Residing Together

Comments: \_\_\_\_\_

**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 <b>Print Clearly</b>	First Name <b>Print Clearly</b>	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 \_\_\_\_\_