



**Community Food Bank**  
**Food Box Distribution**

Pantry Client Information Form (revised 10/22/2007)

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) **M**ale **F**emale Homeless

Address \_\_\_\_\_ City \_\_\_\_\_ AZ Zip \_\_\_\_\_

Phone 520- \_\_\_\_\_ - \_\_\_\_\_

**Ethnicity (Circle the choice)** Asian Black Hispanic Native American Pacific Islander White Other

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

- Pregnant  
 Parent W/@ LeastOneChildUnder 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) \***

Asian Black Hispanic Native American Pacific Islander White Other

	Last Name <b>Print clearly</b>	First Name <b>Print clearly</b>	DOB <b>(mm/dd/year)</b>	Age	Gender M/F	Ethni- city*	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 services. 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/services 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 \_\_\_\_\_