

# Bainbridge Area Food for Friends

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_

How long have you lived at this address?	
Do you own your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently receiving any type of public assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of assistance?	
Have you received food from another source in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what source?	
Number in Family:	
Number of Adults in Family:	
Number of Children in Family (include ages):	

Dietary Requirements: \_\_\_\_\_  
\_\_\_\_\_

If this is your first time here, how did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_