



To get your food, take this card to: _____

Hours: _____ Phone: _____

Issued from site # _____

Type: Small Medium Large Latino Asian BAP F-BAP Snack
Baby A Baby B LowSalt Diabetic TheraPak Vegan East African

Name: _____

Address: _____

City: _____ Zip: _____

Is this your **FIRST** emergency food pack **this year**? YES NO

Gender: MALE FEMALE TRANSGENDER

Race (select ALL that apply): American Indian/Alaska Native Asian

Other Black/African American White

Native Hawaiiin/Other Pacific Islander East African

Family Status: Single Couple Head of Household

Ethnicity (please select ONE): Hispanic/Latino Not Hispanic/Latino

Your Age: _____ Ages of OTHERS in Household: _____

Total Household MONTHLY Income: \$ _____ Source: _____

TOTAL number of persons supported by this income: _____

Reason for Food Pack: _____

Are you: Unemployed? Homeless? Disabled? Veteran? Refugee?
 Immigrant?

Is your ability to speak English: Fluent? Limited?

Do you receive Food Stamp benefits? Yes No

If "No", have you applied for food stamps? Yes No

Were you referred to other community resources in your area? Yes No

Will the information on community resources be helpful? Yes No

Will this food meet your needs for the next two days? Yes No

I certify that I am 18 years or older, and that the information given above is accurate and complete to the best of my knowledge and belief. I understand this information is confidential and will be used only to monitor services as required by funders of the Emergency Feeding Program of Seattle and King County.

Signature: _____ Date: _____



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