



To get your food, take this card to: _____

Hours: _____ Phone: _____

Type: **Small Medium Large Latino Asian BAP F-BAP Snack Baby A Baby B Low Salt Diabetic TheraPak Vegan**

This information is confidential. The Emergency Feeding Program is required to maintain this information as a condition of a Community Development Block Grant (CDBG) award to monitor benefits of the project.

Name: _____

Address: _____

City: _____ Zip: _____

Is this your **first** emergency food pack this year? Yes No

Gender: Male Female Transgendered/Other

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

Black/African American Native Hawaiian/Other Pacific Islander White

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: _____

Number of persons supported by this income: _____

Reason for Food Pack: _____

Are you: Unemployed? Homeless? Disabled?

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 old 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 benefits provided by a HUD CDBG grant to the Emergency Feeding Program of Seattle & King County.

Signature: _____ Date: _____



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