



Second Harvest Senior Box Application

OFFICIAL USE ONLY:
 DATE RECEIVED: _____
 DATE NOTIFIED: _____

APPLICANT INFORMATION (Please Print)

| | | | | | |
|---|--|----------------------------------|------|------------------------|-------|
| Last Name | | First Name | | Phone | |
| Address | | | City | | State |
| | | | | | Zip |
| Date of Birth | | Total Number Living in Household | | Total Household Income | |
| Racial/Ethnic Data (Optional) What is your race? (Check all that apply) | | | | | |
| <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer Not To Answer | | | | | |

PROXY INFORMATION

I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT AS MY REPRESENTATIVE:

| | | |
|---------------|---------------|---------------|
| Name: | Name: | Name: |
| Phone: | Phone: | Phone: |

No-Show Policy: Failure to pick-up a food box for two (2) consecutive months will cause the participant to be removed from the program. Participants removed from the program for violating the no-show policy may reapply, but are subject to being placed on any applicable waiting list that may exist.

| | | | |
|--|-------------|----|------|
| I declare the information that I have provided on this form is complete and accurate. I will notify Second Harvest of any changes to the information on this form. | | | |
| _____ Signature of Applicant / Legal Guardian | Date | | |
| | MM | DD | YYYY |
| | | | |

| SECOND HARVEST USE ONLY | | | | | | | |
|--|--|-------------------------------------|----|------|------------------------------|----|------|
| Signature of Certifying Official | | | | | | | |
| Applicant Eligible? | | Date of Addition to Waitlist | | | Date of Certification | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | MM | DD | YYYY | MM | DD | YYYY |
| If No, Reason: | | | | | | | |

This institution is an equal opportunity provider.