**New Client Application**

**Person Applying: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently Unhoused (Address n/a)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all members of your household, *including yourself*:**

| **Name** | **Birth Date** |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| \*If additional space is needed, please use back side of this page\*\* |  |  |
|  |  |  |

**\* This institution is an equal opportunity provider. Household information is collected for demographic purposes and sharing personal information is not a requirement for receiving TEFAP (Government) food - see attached form.**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| A “Mobile Food” Delivery may be available for those who qualify on the self-disclosed basis of being elderly, disabled or living without transportation service to access the food bank during regular distribution hours (Mondays 2:30 - 5:00 pm). Delivery Service is within the perimeter of the La Conner School District. If you are applying for mobile delivery, please select from the following:\_\_\_\_\_I qualify for mobile delivery because my household lacks transportation during regular food bank hours and I/we reside within the La Conner School District yet outside of public transportation areas/bus lines.\_\_\_\_\_I qualify for mobile delivery because I am elderly\_\_\_\_\_I quality for mobile delivery because of a disability**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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