



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.