St. Mary's Food Bank ALLIANCE

Client ID # _____

Emergency Food Assistance Client Information Form

Confidential

Clients may receive one Government Emergency Food Box per calendar month. A picture ID and proof of address is needed to verify your information. Please provide all the information requested on this form and print legibly.

Last Name	**First Name**	**DOB** (mm/dd/yyyy)
Address		**Gender M/F**
City, State	**Zip**	**Phone #**

Race Check one box	**Hispanic?**	**Marital Status** Check one box	**Employment** Check one box	**Misc.** Check all that apply
☐ American Indian/Alaskan Native	☐ Yes	☐ Single Parent	☐ Employed	☐ Parent w/ at least one child under 6
☐ Asian	☐ No	☐ Single (never married)	☐ Unemployed	☐ Veteran
☐ Black/African American		☐ Married	☐ Retired	☐ Disabled
☐ Native Hawaiian/Pacific Islander		☐ Separated	☐ Student	☐ Food Stamps
☐ White		☐ Divorced	☐ N/A	☐ WIC
☐ American Indian/Alaskan Native & White		☐ Widowed		☐ Deceased
☐ Native Hawaiian/Pacific Islander & White		☐ Unknown		☐ Head of Household
☐ Multi-Racial/Other				☐ Single/Female
☐ Unknown				☐ Pregnant Due Date:

Income $ _____ ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly ☐ Unknown

Household Members (Living in Household)

Last Name	First Name	DOB(mm/dd/yyyy)	Age	Race	M/F	Relationship

_____ _____ _____

Client/Client Representative Signature **Print Name** **Date**

Agency Use Only

Agency # _____	**Agency Name** _____	**Case Manager ID#** _____

Product Received by Client: ☐ Food Assistance Box ☐ Baby Formula ☐ Diapers: ___S ___M ___L ___XL