



Yavapai Food Bank

(928) 775-5255

www.yavapaifoodbank.org • email: yfbfood@cableone.net
8866 E. Long Mesa • Prescott Valley, AZ 86314 • Fax: (928) 759-2277

SERVING YAVAPAI COUNTY SINCE 1992

Client ID No. _____ Nutritional Food Box Application

Assigned by Yavapai Food Bank

A (0-5) _____ B (6-12) _____ C (13-18) _____ D (19-25) _____ E (26-39) _____ F (40-59) _____ G (60-69) _____ H (70+) _____

FILL OUT ALL INFORMATION BELOW THIS LINE. PLEASE PRINT.

Single Married Head of Household

Date: _____

Applicant Name: _____ Male Female
Last First Age

Husband/wife or *significant other: _____ Male Female
* (together at least 2 years) Last First Age

Children under the age of 18, and elderly or disabled members of household: (List names, ages, male or female and relationship.)

Mailing Address: _____
Street Address (Apt.#, P.O. Box, etc.) City State Zip

Physical location if different from above: _____

Phone No. : _____ **Message Phone No.:** _____

What is your average annual, monthly or weekly income? _____ Annual Monthly Weekly Other

Source of income: Wages or Salary Disability SSI Social Security DES Other _____

Do you receive food stamps? Yes No **If "No," have you applied?** _____

Do you go to any other food bank or pantry for food? Yes No **If yes, which one?** _____

PLEASE ACKNOWLEDGE BY SIGNING BELOW THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENT:

I hereby warrant and guarantee to Yavapai Food Bank, and their officers, that I will hold same, harmless from any and all liabilities, claims, losses, causes of judicial action, suits of law or in equity, or any obligation whatsoever arising out of or attributed to any action on my part in connection with the receiving, storage and/or use of the items supplied to me by Yavapai Food Bank.

Signature of applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE:

INFORMATION VERIFICATION:

ID: Driver's License Social Security Card Birth Certificate Other _____

INCOME: Paycheck stub Social Security Letter DES Letter SSI Letter Tax Return Other _____

Eligible box(s): General Nutrition _____ Volunteer Initials: _____

Additional information attached.