

New Client Form

The Blaine Food Bank is an equal opportunity provider.

For Intake Only:

Have you visited ANY food bank in Washington State so far this year? YES ____ NO ____
(Answering this question does not affect your receiving food today)

Date: _____

Name _____

First Name

Last Name

Year of Birth _____

Address _____

Phone _____

of Household Members _____

Household Members:

First Name
↓

Birth Year
↓

Meets TFAP requirements (circle one)? YES NO

Signature _____