CENTRAL VIRGINIA FOODBANK

CLIENT INTAKE APPLICATION

Last name	First name	Initial	Number in household

Address	City	State	Zip code

Home telephone	Elderly	Adults	Children	Income per week/month/year	Referred by

Usual source of income	Food stamps	WIC	Other & amount

Reason for need	Date next check expected

List all individuals receiving money in the household	Amount received per week/month/year
In the next block figure the total weekly, monthly or yearly income of the household to determine if the household falls within the guidelines of this organization's eligibility criteria.	$ _____

RECORD OF ACIVITY

Date	Food disbursed to	Number of boxes, bags or pounds	Initial receiving	Initial disbursing

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