

This application is ONLY For clients who DO NOT receive or are not eligible for USDA/TEFAP.



**GOLDEN**  
**HARVEST** FOOD  
BANK

## GA General Food Application 2023-2024

Name		DOB: (or age)
Street Address		County
City, State		Zip Code
Email address		Phone Number
Number in household	Number over 60	Number of children (17 and under)

**Authorized Representatives (Optional):**

I hereby authorize \_\_\_\_\_ (please print)  
to pick up food for my household.

\_\_\_\_\_  
Signature of Household

\_\_\_\_\_  
Date

I certify that my above information is correct and current. I will not hold the distributing agency liable for any products I received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Every meal matters.**

**Thank you for visiting a Golden Harvest Food Bank Partner Agency. Together, with your local food pantry, we are proud to supplement your nutritional needs at no charge, donation or obligation of volunteer services.**

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