



# SC General Food Application 2023-2024

(For clients who DO NOT receive or are not eligible for USDA/TEFAP)

Name:	DOB: (or age)
Street Address:	City, State, Zip Code:
County:	Phone Number:

☐ Applicant is Homeless

Number of People in Household: \_\_\_\_\_

## List household members:

Name:	DOB/Age:	Name:	DOB/Age:
Name:	DOB/Age:	Name:	DOB/Age:
Name:	DOB/Age:	Name:	DOB/Age:

## 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: \_\_\_\_\_

Food Pantry records must be maintained for a minimum of 3 years and must be available for review upon monitoring visit. In accordance with Golden Harvest Food Bank this food program is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, gender identity, religion, reprisal, political beliefs, marital status, familial or

parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. To file a complaint of discrimination: Community Partnerships Director, 3310 Commerce Drive, Augusta, Georgia 30909 or call 706-736-1199.

**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.**

*Applicants or Authorized Representatives must sign each time food is received.*

<b>Date Served</b>	<b>Applicant Signature</b>	<b>Date Served</b>	<b>Applicant Signature</b>