

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 2024-2025

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: \_\_\_\_\_

