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



## **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 to pick up food for my household.	(please print)	
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.

Food Pantry records must be maintained for a minimum of 3 years plus the current year 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 of 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 Manager, 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.

Date Served	Applicant Signature	Date Served	Applicant Signature

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