

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



GOLDEN HARVEST FOOD BANK

SC 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: _____

