

BONNEY LAKE FOOD BANK

CLIENT REGISTRATION

CLIENT (HOH) INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ Apt / Space #: _____

City: _____ Zip: _____ Phone: _____

Email: _____

of Adults: _____ How many 55 or over? _____ # of Children: _____ How many under 2? _____

CERTIFICATION

I certify my family meets current USA income requirements for TEFAP guidelines provided.

Signed _____

Date _____

Print Name _____

RACE AND ETHNIC DATA REPORTING

*Bonney Lake Food Bank collects race and ethnic data to ensure compliance with the U.S. Department of Housing and Urban Development Community Development Block Grant requirements and emergency food programs. The information you provide will remain confidential. There is no penalty for persons who do not complete this portion of the form; however, race data will default to 'White'. Please include information for each household member, including yourself. **Please print.***

First Name	Last Name	Birthdate (mm/dd/yy)	Gender (M or F)	Race	
				<input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hawaiian Native / Pacific Islander <input type="checkbox"/> Hispanic or Latino
				<input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hawaiian Native / Pacific Islander <input type="checkbox"/> Hispanic or Latino
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USE BACK IF NEEDED TO ADD ADDITIONAL FAMILY MEMBERS

Bonney Lake Food Bank – Registration Form

RACE AND ETHNIC DATA REPORTING CONT.

First Name	Last Name	Birthdate (mm/dd/yy)	Gender (M or F)	Race	
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