

## BROWN BAG PROGRAM

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Brown Bag Site: \_\_\_\_\_

1. Please fill in Household Information:

Number of children in your household (0-17 years old) \_\_\_\_\_

Number of adults in your household (18-64 years old) \_\_\_\_\_

Number of seniors in your household (65+ years old) \_\_\_\_\_

2. Gender (Optional):

Male \_\_\_\_\_

Female \_\_\_\_\_

3. Email Address (Optional):

\_\_\_\_\_

Thank you!



A Greater Boston Food Bank program

### Brown Bag Participant Application

Site Name: \_\_\_\_\_

Senior participant \_\_\_\_\_ Family participant \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions about your household:

Total number of children (0-17): \_\_\_\_\_ Total number of seniors (65+): \_\_\_\_\_

Total number of adults (18-64): \_\_\_\_\_

Eligibility Status: Please check off all of the types of assistance you receive:

Medicaid \_\_\_\_\_ AFDC \_\_\_\_\_ Head Start \_\_\_\_\_ Veterans' Aid \_\_\_\_\_

Fuel \_\_\_\_\_ SSI \_\_\_\_\_ WIC \_\_\_\_\_ Welfare \_\_\_\_\_

- OR - My gross household income is at or below the guidelines provided \_\_\_\_\_

Does anyone in your household receive SNAP benefits? YES NO

If I am unable to pick up my bag for any reason, the following person is authorized to pick it up in my absence:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

The Senior and Family Brown Bag program is available to all eligible recipients regardless of age, sex, race, color, religion, national origin, or disability.

I hereby certify that, to the best of my knowledge, the information provided on this form is true and complete. I understand that both misrepresentation of need and sale or exchange of The Greater Boston Food Bank product are prohibited and will result in my immediate removal from the Senior and Family Brown Bag program.

Signature: \_\_\_\_\_  
(Brown Bag Applicant)

Date: \_\_\_\_\_

Please return this form to the Brown Bag Site Coordinator