



Brown Bag Client Certification Form 2010-2011
 Capital Area Food Bank • 645 Taylor Street NE • Washington • DC • 20017
 Phone: 202-526-5344 x306 • Fax: 202-529-1767

Brown Bag Site Name: _____
 First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Date of Birth: _____ Sex: male female
 Nationality (optional): African American Asian Caucasian Hispanic
 Native Hawaiian or Islander Other, Please Specify: _____
 Are you handicapped/disabled? Yes No Are you homebound? Yes No
Who can we call if you are unavailable?
 Name: _____ Phone: _____

Are you suffering from any of the following chronic conditions that may affect your diet?
 Diabetes Heart Disease High Blood Pressure Cancer
 Kidney Failure/Dialysis Other, specify: _____

Total Number In Household: _____ **Number of Adults:** _____ **Number of Children:** _____
 If you receive the following, please complete:
 Household Receives Temporary Assistance for Needy Families Yes No
 Case Number _____
 Household Receives Food Stamps Yes No
 Case Number _____
 Household Receives Medicaid Yes No
 Case Number _____

IF YOU ANSWERED NO TO ALL OF THE ABOVE OR DID NOT PROVIDE CASE NUMBER, YOU MUST PROVIDE: Total Household Income \$ _____

I wish to make a \$10 donation to the CAFB based on my participation in the Senior Brown Bag Program.
 Make check or money order payable to: CAFB. (No cash donations please.)
 I do not wish to make a donation to the CAFB's Senior Brown Bag Program.

I hereby certify that to the best of my knowledge the information provided on this form is true and complete. I understand that misrepresentation of need, or sale, is prohibited and could result in exclusion from this program.
 I certify that all of the above information is true and correct and all income has been reported. I understand that this information is given in receipt of goods donated by the United States Department of Agriculture, that the United States Department of Agriculture and/or State Agency Officials may for cause verify information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature _____ Date _____

For Food Bank use only: Approved Denied, Specify: _____