



CLIENT APPLICATION - 2017 CALENDAR YEAR - PLEASE PRINT NEATLY

LAST NAME: _____

FIRST NAME: _____

STREET ADDRESS: _____

(No P.O. Boxes)

CITY: _____ STATE: _____ VA _____ ZIP: _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____ SEX: (M/F): _____

PHONE: _____ EMAIL ADDRESS: _____

Food may only be picked up by the applicant with a valid ID. An "Alternate Pick Up" application form is available and must be reviewed and approved by the Board of the HRFP.

Government Issued ID: Driver's License Passport Other: _____

If address does not match ID, provide utility bill or lease with current address.

Will you take venison? Yes No Any dietary restrictions: _____

LIST MEMBERS LIVING IN YOUR HOUSEHOLD including yourself.

NAME (LAST NAME, FIRST NAME MI)	DOB (MM/DD/YYYY)	SEX (M/F)	RELATIONSHIP
1)			SELF
2)			
3)			
4)			
5)			
6)			
7)			
8)			

SUMMARY OF HOUSEHOLD DATA: AGES 0-18 YRS: _____ 19-64 YRS: _____ 65+ YRS: _____

BY SIGNING THIS DOCUMENT, I UNDERSTAND:

1. FALSIFYING INFORMATION ON THIS APPLICATION MAY MAKE ME INELIGIBLE TO RECEIVE SERVICES PROVIDED BY HRFP;
2. INAPPROPRIATE BEHAVIOR AND PROFANE COMMENTS MAY ALSO RESULT IN SUSPENSION OR TERMINATION OF SERVICE;
3. UNDER NO CIRCUMSTANCES WILL HRFP SERVE ANYONE INTOXICATED OR UNDER THE INFLUENCE OF ILLEGAL DRUGS;
4. I CAN RECEIVE AN HRFP FOOD DISTRIBUTION NO MORE THAN ONCE A WEEK.

BY SIGNING THIS DOCUMENT, I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

Picked up: _____ Picked up: _____

Picked up: _____ Picked up: _____

Picked up: _____ Picked up: _____

CAPTAINS: If a new Client is not yet in computer, use above lines to list dates of pick up

Thank you – Data Entry Lead