

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: _____ Date: _____
(Brown Bag Applicant)

Please return this form to the Brown Bag Site Coordinator