Montgomery Area Food Bank
Feeding Hope Across Alabama

Senior Supplement Distribution Form

Once a year fill in the top portion of this form.
Have each participant sign each month they receive a box.

Name _____
Last First Middle Initial

Address _____

_____ County _____

Phone # _____ Number in Family _____

Gender _____ (M or F)

Ethnicity _____ (AA-African American, H-Hispanic, C-Caucasian, A- Asian, NA- Native American, O- Other)

Eligibility Criteria (please check all that apply)

- ☐ Proof of eligibility to receive food stamps
- ☐ Proof of eligibility for aid to families with dependent children (AFDC)
- ☐ Proof of eligibility to receive supplemental security income (SSI)
- ☐ Signed, self-declaration showing that the household income falls below 130% of the poverty level.
- ☐ Other special circumstances _____

YEAR OF DISTRIBUTION _____

MONTH OF DISTRIBUTION	DATE RECEIVED	CLIENT SIGNATURE
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

No person shall be denied access to donated product on the basis of
race, creed, national origin, religious affiliations, sex, sexual preference, age, or handicap.