|  |  |
| --- | --- |
|  | Food to the Rescue 370 S Lowe Ave A391 Cookeville, TN 38501 (931) 510-0471 |

# Food Recipient Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/ Guardian Name: |  |  |  | Relationship to applicant(s): |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Best way to contact parent/guardian: |  | May we text you?  |  | May we add you to our reminder service?: |  |

|  |  |
| --- | --- |
| **\*\*\*WE WILL CONTACT YOU BEFORE EACH FOOD DISTRIBUTION. IF YOU DO NOT CONFIRM ADDRESS YOU WILL NOT GET FOOD\*\*\*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have animals on the property? | YES[ ]  | NO[ ]  |  If yes, are they aggressive? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can we leave the food if you are not home? | YES[ ]  | NO[ ]  |  If yes, where? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there a food allergy in the home?** | YES[ ]  | NO[ ]  |   |

|  |  |
| --- | --- |
| If **yes**, who & allergic to what: |  |

## Children info

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Food Allergy: |  |
| School attending: |  | Age: |  |
| Address (if different than above): |  |  |  |
|  |  |  |  |
| Full Name: |  | Food Allergy: |  |
| School attending: |  | Age: |  |
| Address (if different than above): |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Food Allergy: |  |
| School attending: |  | Age: |  |
| Address (if different than above): |  |  |  |
|  |  |  |  |
| Full Name: |  | Food Allergy: |  |
| School attending: |  | Age: |  |
| Address (if different than above): |  |  |  |
|  |  |  |  |
| Full Name: |  | Food Allergy: |  |
| School attending: |  | Age: |  |
| Address (if different than above): |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

If additional children, please continue information below.

**Total number of children in the home**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to food distribution, I understand that false or misleading information in my application or phone interview may result in my release. By signing, you agree to be bound by the Food to the Rescue Terms of Service and Privacy Policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Once the application is received, we will contact the parent/guardian for a quick follow-up phone interview. Please answer when we call. Our number is (931)-510-0471 so you know it’s us calling.**

**Your submission of personal information through the application is governed by our Privacy Policy.**

**Please visit our website to view our Privacy Policy or Terms of Service.** [**www.Foodtotherescue.org**](http://www.Foodtotherescue.org)

**The application below is strictly for families who feel they qualify for our meal delivery program. To apply the follow criteria must be met:**

**​**

**- All children receiving services must be over the age of 1 and under the age of 18**

**-A food insecure household**

**-Home address in Putnam County, TN**

**-No unrestrained aggressive animals on the property**

**​**

**Please fill out the form below. If you have any questions or concerns please contact us.**