

Feeding Hawaii Together

Providing food for Hawaii's people in need

The Hawaii Food Bank requires all shoppers at Feeding Hawaii Together to provide the following information. Please fill out this form to the best of your knowledge.

Today's Date: _____ Check One: This is my first visit This is to update my information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ State ID or driver's license or passport #: _____

Home Address or Homeless Male Female

House/Apt #: _____ City: _____ Zip Code: _____

Number of Adults in Your Household: _____ (List names on the back)

Number of Children in Your Household: _____ (List names on the back)

Nationality _____ Do you have any Hawaiian? _____%
This information is used for grant requests.

Home Phone: _____ Mobile Phone: _____

Disabled (Circle One): Yes No Retired (Circle One): Yes No

How many people in your family are presently working: _____

Part Time: _____ Full Time: _____ Temporary/OnCall: _____

Total **FAMILY** Income living in household, from Employment Per Month: \$ _____

Are you receiving any of the following? If yes, please list the amount per month.

Food Stamps: \$ _____ Welfare Assistance: \$ _____ Social Security (Retirement): \$ _____

SSDI (Disability): \$ _____ Unemployment: \$ _____

I certify that all the data provided on this application is accurate to the best of my knowledge. I agree to abide to all the rules & regulations set forth by Feeding Hawaii Together and will not sell any food or non-food item that I receive from Feeding Hawaii Together. I understand that falsifying any information on the application and / or selling any item that I receive from Feeding Hawaii Together will result in permanent loss of my shopping privileges.

We also reserve the right to film video and take still pictures during all shopping times by which you may be present for promotional marketing purposes in order to obtain funding.

Signature: _____

