

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

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By signing below we hereby warrant that the above mention agency receives surplus foods that are duly inspected and distributed only if the product is found to be fit for human consumption. It is further agreed between the Agency mention above and the Wichita Falls Area Food Bank and its original donor and said person(s) named below accept the surplus food "as is". Said person(s) receiving food releases the Agency mention above, Wichita Falls Area Food Bank and its original donor of any liability resulting from the condition of the donated food and further agrees to indemnify and hold the Agency mention above, Wichita Falls Area Food Bank and the original donor free and harmless against all liabilities, damages, losses, or claims. All information provided below is to the best of my knowledge and belief, true and correct. In the operation of this food distribution program participants are not discriminated against because of race, color, sex, national origin, age, political belief, religion, citizenship or disability."

**Information requested below does not pertain to USDA Food**

<u>USE NUMBERS</u> NOT CHECKMARKS IN THE SQUARES INDICATING YOUR FAMILIES AGE AND ETHNIC GROUP				Household	Age Groups			Ethnic Groups					Veteran
#	*Household Member Signature	Address of Household Member	**Authorized Representative Signature	Number People in Household	Number of infants to 18 yrs	Number of 19 - 59	Number of 60 & older	African American	Hispanic	White	Other	Asian	Number of Veterans
EX.	John Doe	100 Easy Street Apt 2	Sara Jane Roberts	3	1	1	1	0	1	1	0	1	2
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
<b>Grand Total of all Pages</b>													

\*The **Household Member** must sign in the column Household Member Signature along with their address and household information.

\*\*An **Authorized Representative** is someone authorized with a signed letter and identification of person they are picking up their food for. The Authorized Representative will print the Household member's name, address and other household information. Then the Authorized Representative will sign his/her name as Authorized Representative.