



Family Registration

Fresh Harvest Food Bank provides immediate hunger relief, support and education to families in Douglas County and surrounding areas. We serve local families enduring medical and financial hardship.

Head of Household (HOH) Information

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____ City & Zip Code: _____

County: _____ Language: _____

Proof of identification and address for each household member is required in the form of current Driver’s License, Social Security card, utility bill (for most recent billing period), school documentation or other official ID or mail. Original documentation only. Copies will not be accepted.

Household Members – List all adults and children in your household.

NAME (list Head of Household first)	RELATION TO HOH	BIRTHDATE	EMPLOYER/SCHOOL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Monthly Income/Assets – Include total income and assets for all household members combined.

Total Monthly Household Wages:

Gov. Assistance or Other Aid:

Spousal / Child Support:

Other Income (ex. Interest, annuities, unemployment income, SNAP):

Assets (ex. savings, 401(k), investments, home, cars, business):

Monthly Expenses – *Include total monthly expenses for all household members combined.*

Mortgage / Rent:

Utilities:

Car Expenses:

Debt:

Other Expenses (ex. medical, insurance, education):

Please tell us about your situation and your need for assistance. *If you need additional space, use the back of this form.*

Have you requested or received any assistance from government agencies or other community organizations? Please list.

When and how do you expect your current situation to improve?

Is there any additional information you would like us to know?

How did you hear about Fresh Harvest Food Bank?

The information provided is a full and truthful reflection of my situation. I have not intentionally omitted any sources or amounts of income, aid, or resources.

Signature: _____ Date: _____