

SEDONA COMMUNITY FOOD BANK  
 APPLY FOR FOOD BANK BENEFITS & QUESTIONNAIRE

**FOOD BANK BENEFITS APPLICATION –**

**LAST NAME, FIRST NAME:**

**DATE OF BIRTH (mm/dd/yyyy):**

**PHONE #:**

**EMAIL:**

**ADDRESS:**

**APT./UNIT #:**

**CITY:**

**POSTCODE:**

**RESIDENCE:** RENT \_\_\_ OWN \_\_\_ CAMPING \_\_\_ OTHER? \_\_\_\_\_

**PROVIDE PROOF OF RESIDENCE:** (Sedona, VOC, Cornville, and Page Springs) Provide a scanned image (gif, png, jpg, jpeg) showing address, such as a utility bill. No services Cottonwood, Rimrock, Camp Verde, or Flagstaff.

**HOUSEHOLD SIZE:** \_\_\_ **MEMBERS IN HOUSEHOLD:** if more than one.

Name (Last, First):	Date of birth (mm/dd/yyyy):	Relationship:

**Check the sources of income:** - we may use this information to obtain grants for support.

WAGE \_\_\_ PENSION or SOCIAL SECURITY \_\_\_ VA BENEFITS \_\_\_ DISABILITY \_\_\_  
 OTHER: \_\_\_\_\_

**Check if you have these monthly expenses:** RENTAL \_\_\_ PUBLIC SERVICES \_\_\_

Is there more than you would like to tell us about your change in circumstances that brought you here?

**QUESTIONNAIRE –**

We want to be sure that food given to your family is food you want to eat. Our objective is to offer food that will be enjoyed and not wasted. Please put a check mark next to those foods your family would prefer.

**FOOD ALLERGIES?** (Circle one): YES NO

Food allergies, special medical conditions (such as diabetes), or food needs - if you prefer to say so.

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**FOOD TYPE PREFERENCE:** (Check all that apply)

VEGAN \_\_\_ VEGETARIAN \_\_\_ GLUTEN FREE \_\_\_ DIABETIC \_\_\_

**PREFERRED FOODS:** (Check all that apply)

**CEREAL:** HOT \_\_\_ COLD \_\_\_

**SPECIFIC CEREAL?**

**SOUP:** TOMATO \_\_\_ CHICKEN NOODLE \_\_\_ CREAM \_\_\_ VEGETABLE \_\_\_

**CANNED VEGETABLES:**

GREEN BEANS \_\_\_ PEAS \_\_\_ CORN \_\_\_ MIXED VEGETABLES \_\_\_

**CANNED FRUIT:** PEACHES \_\_\_ PEARS \_\_\_ PINEAPPLE \_\_\_

**BEANS:** BLACK \_\_\_ KIDNEY \_\_\_ PINTO \_\_\_ REFRIED \_\_\_

**RICE:** BROWN \_\_\_ WHITE \_\_\_

**PASTA:** SPAGHETTI \_\_\_ MAC N CHEESE \_\_\_

**SPECIFIC PASTA?**

**OTHER NON-PERISHABLES:** PEANUT BUTTER \_\_\_ JELLY \_\_\_ TUNA \_\_\_

**PERISHABLES:** received when these items are available:

MILK \_\_\_ YOGURT \_\_\_ CHEESE \_\_\_ EGGS \_\_\_ BUTTER \_\_\_ JUICE \_\_\_  
FROZEN FOODS \_\_\_

**LIST ANY OTHER FOODS YOU WOULD PREFER:**