

# HELPING HARVEST Pantry Recipient Form



Program \_\_\_\_\_ Month/Year: \_\_\_\_\_  
 Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

| Print Name    | Child<br>0-17 | Adult<br>18-59 | Elderly<br>60+ | Total<br>H-H | New | Verification that<br>Income is still<br>Current |
|---------------|---------------|----------------|----------------|--------------|-----|---|
| 1.            |               |                |                |              |     |   |
| 2.            |               |                |                |              |     |   |
| 3.            |               |                |                |              |     |   |
| 4.            |               |                |                |              |     |   |
| 5.            |               |                |                |              |     |   |
| 6.            |               |                |                |              |     |   |
| 7.            |               |                |                |              |     |   |
| 8.            |               |                |                |              |     |   |
| 9.            |               |                |                |              |     |   |
| 10.           |               |                |                |              |     |   |
| 11.           |               |                |                |              |     |   |
| 12.           |               |                |                |              |     |   |
| 13.           |               |                |                |              |     |   |
| 14.           |               |                |                |              |     |   |
| 15.           |               |                |                |              |     |   |
| 16.           |               |                |                |              |     |   |
| 17.           |               |                |                |              |     |   |
| 18.           |               |                |                |              |     |   |
| 19.           |               |                |                |              |     |   |
| 20.           |               |                |                |              |     |   |
| 21.           |               |                |                |              |     |   |
| 22.           |               |                |                |              |     |   |
| 23.           |               |                |                |              |     |   |
| 24.           |               |                |                |              |     |   |
| 25.           |               |                |                |              |     |   |
| 26.           |               |                |                |              |     |   |
| 27.           |               |                |                |              |     |   |
| 28.           |               |                |                |              |     |   |
| 29.           |               |                |                |              |     |   |
| 30.           |               |                |                |              |     |   |
| <b>Total:</b> |               |                |                |              |     |   |