

(Check all that apply below)

- | | |
|---|---|
| <input type="checkbox"/> Thanksgiving Food Basket | <input type="checkbox"/> Holiday Food Basket |
| <input type="checkbox"/> Children’s Gift Bag | <input type="checkbox"/> Holiday Food & Gift Adoption
<i>(Eligible every other year)</i> |

For Office Use:

- Date Received _____
- Verified By _____
- Verified Date _____
- Eligible Y/N _____
- Wish List Done _____
- Notes:

Name: _____

First Name _____ Middle Initial _____ Last Name _____

Address: _____
Street Address City State Zip code

Primary Phone: (____) _____ - _____ Message phone: (____) _____ - _____

Email: _____@_____ Preferred contact method: Phone | Email

Household Member Name (first and last)	Gender	Age
(Primary Applicant)		

AUTHORIZATION FOR RELEASE OF PHOTOS, CUSTOMER INFORMATION & RELEASE OF LIABILITY FOR FOOD ASSISTANCE

I, _____ (print name) hereby give authorization to the Portage Community Center (PCC), its staff, student interns and volunteers, to verify with any other service organization/agency, the information provided above. In addition, I authorize the release of information about my case to partnering agencies and organizations who may wish to verify information about my case to make appropriate service referrals and to coordinate service planning. I also give my permission to PCC to use any photographs and/or videos taken during the Holiday Programs to be used in any PCC publications and/or electronic formats.

Furthermore, any food I receive from the Portage Community Center (PCC), I accept the food as is, and release both the original donor and the Portage Community Center (PCC) from any liability, damages, losses, claims, causes of action, and suits of law pertaining to the food I receive.

I have read and understand the above statements. I certify all information I provide is current and true. I understand falsifying any information is grounds for termination of my relationship with the Portage Community Center.

Signature of Recipient: _____ Date: _____