

UA-PTC Food Pantry Form A

General Information

First Name: _____

E-Mail Address: _____

Last Name: _____

Phone Number: _____

UA-PTC ID Number: _____

Are you a UA-PTC: Student Faculty Staff

Which UA – PTC Campus location do you attend:

- North Campus Aviation Center
 South Campus BIC Building

Address: _____ City: _____ County: _____ Zip: _____

House hold information

Please list the name and ages of all persons in your household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

Date of Birth (DD/MM/YYYY): _____ Age: _____

Gender:

- Male Transgender Prefer not to Say
 Female None of These

Employment Status:

- Full Time Unemployed Disabled
 Part Time Retired Full Time Student

Does anyone in your house hold currently receive SNAP (“food stamps”):

- Yes No Unsure Prefer not to Say

Military Questions

Has anyone in your household, including yourself, served on active duty in the UA Armed Services? Active duty includes serving in the US Armed Forces as well as activation from the Reserves or National Guard.

- Yes, now on active duty. Yes, on active duty in the past, but not now. No, never served in the US Armed Forces.

How many Veterans are in your Household? _____

Are you enrolled in Veterans Upward Bound (VUB)? Yes No

Acceptance of Free Food and Wavier of Liability

By my signature I acknowledge the receipt of free food from the UA-Pulaski Technical College Food Pantry. I understand this is a gift and not a reoccurring obligation by UA-Pulaski Technical College or the UA-PTC Food Pantry or the UA-PTC Foundation. I further understand and agree that by accepting this donated food I freely and voluntarily, with full knowledge, hold harmless and in no way liable or responsible for the quality, condition, or packaging of the food, UA-Pulaski Technical College, its offers, agents, employees, students, donors, volunteers, and food supplies.

Signature: _____

Date: _____

Printed Name: _____

UA-PTC Food Pantry Form B

Official Use Only Below This Line

AGENCY _____

Name: _____

in Family: _____

Address: _____

UAPTC ID Check: Yes No

House Hold Ages

0-17: _____

18 – 49: _____

50 – 59 _____

60+: _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____

Date Served _____