



FFP Application

Name of Applicant: _____ Male: _____ Female: _____

Date of Birth: ____/____/____ Age: ____ Height _____ Weight _____

A1C _____ Blood Pressure _____ Cholesterol _____

Estimated Income: _____

Are you currently employed?: _____

Education level:(please list if you are in any higher education _____

Do you have health insurance? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number : () _____ - _____ Number of persons in household: _____

Email address: _____

Proxy: _____ hereby appoint _____
as my proxy holder for the purpose of receiving food from Feeding Families Prime on my behalf.

Are you a Unicare/Anthem Client? _____

Please list any food allergies or preferred diet plans: _____

Do you have preexisting medical conditions? (for example: diabetes, hypertension, heart disease, cancer, and/or obesity.)

Do you smoke?: _____ Do you frequently consume alcohol? _____

Are there any specific healthy foods you would like to receive in your box? Please list them below:



FFP Application

This institution is an equal opportunity provider.

Signature of Applicant

Date

By signing below, I acknowledge that my photo may be taken and I may be interviewed and/or be filmed for marketing purposes. I further grant permission to the Mountaineer Food Bank, and its corporate partners, to use, without cost or approval, any photographs, videos, or audios taken of me. I acknowledge that I have read and understand this release and am voluntarily executing this release.

By my signature below, I do release and indemnify, defend and hold harmless, the Mountaineer Food Bank from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of myself.

I also release the officers, staff, and Board of Directors of the Mountaineer Food Bank, without limitations, from damages, liabilities, penalties, cost, expense, legal fees, and claims.

Signature _____

Date _____