

Food From Willing Hands Will Be Used Primarily For Our (please check one):

Foodshelf Community Meal Residents Rehab/Educational Program

Do You Screen Food Recipients for Need? Yes ___ No ___

- Our recipients are required to fill out an application demonstrating “need” as defined by _____.
- Our recipients are self-selected - we have no policy or application process that might restrict access to our service. If this is the case please describe below how you know the food is getting to those who need it most.

- Other Means of Screening For Need:

Notes: _____

Non-Discrimination Policy

Willing Hands does not serve organizations who discriminate, or refuse to serve food, on the basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law. Does your organization comply with the above statement?

Yes ___ No ___

Other Sources of Food Used By Our Organization: (please check all that apply)

- State Food Bank
- Donation by Retail Store(s): _____
- Donation by Wholesale Distributor(s) _____
- Donation by Local Farms/Bakeries/Caterers _____
- Purchase From Retail Store at a Discount
- Purchase From a Retail Store or Wholesaler at Full Price

I vouch for the accuracy of information as presented on this application:

Signature of Organization Representative **Printed Name** **Date**