



## Instructions for Emergency Food & Baby Baskets

Attached please find the emergency food and/or baby basket forms.

Please have the client fill out the application completely, signing at the bottom.

You put your name and phone number on the bottom of the application so we can call you if we need more information.

- Clients are eligible for Emergency Food Baskets only ONCE in a 12 month period.
- Clients are eligible for Baby Baskets only ONCE every 7 days. Baby must UNDER 2 yrs. of age.
  - Formula is provided to client only ONCE every 30 days.
  - Infant cereal and food is only distributed to babies UNDER 1 yr. of age.

We fill emergency baskets requests on Mon. Wed. & Fri. each week. Requests must be received by 9:30am. If you have an emergency, and it's after 9:30am or not M/W/F, please call us and we will work with you.

Please limit baby baskets requests to 10 – 12 per week.

Scan the basket requests form(s) to [csloan@mealsonwheelsplus.org](mailto:csloan@mealsonwheelsplus.org) and copy [lheidler@mealsonwheelsplus.org](mailto:lheidler@mealsonwheelsplus.org). If you are unable to scan the request, you may fax the request to us by 9:30 am, our fax number is (941) 746-7040. Baskets need to be picked up between 11:00 and 1:00. Remember there is perishable food in the basket, so you'll need to plan to get it to the client as soon as possible to ensure food safety.

The address to pick up emergency food and baby baskets is:

811 23<sup>rd</sup> Ave E  
Bradenton, FL 34208

If you have any questions please call 941-747-FOOD (3663).

### **Policy Note:**

Your signature upon pickup of basket indicates that you agree to adhere to The Food Bank of Manatee Policy requiring you to provide the basket ONLY to the recipient listed on the request. If unable to provide to the listed recipient, you must contact The Food Bank of Manatee immediately.



(941) 747-3663 / Fax (941) 746-7040

### Emergency Baby Basket Form

**Please fill in all information - Must be legible to fill request.  
Limit is one basket every 7 days, per child.  
Emergency baby baskets are for children under 2 yrs. of age.**

Date: \_\_\_\_\_

Parent's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Baby's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Baby Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ WIC (yes or no) \_\_\_\_\_

Race/Ethnic Background: (Please check appropriate line)  
\_\_\_\_ American Indian or Eskimo    \_\_\_\_ Black or African American    \_\_\_\_ Hispanic or Latino  
\_\_\_\_ White or Caucasian    \_\_\_\_ Asian or Pacific Islander    \_\_\_\_ Other: (indicate) \_\_\_\_\_

FORMULA \_\_\_\_\_ (Please list brand requested)

CEREAL \_\_\_\_\_ VEGETABLES \_\_\_\_\_ FRUIT \_\_\_\_\_

\*Formula and Cereal/Baby Food only included for babies under 12 months of age\*

**DIAPERS:**

\_\_\_\_ NB    \_\_\_\_ Size 1    \_\_\_\_ Size 2    \_\_\_\_ Size 3    \_\_\_\_ Size 4    \_\_\_\_ Size 5    \_\_\_\_ Size 6

Other Items If Available: Blankets, Clothing, Misc. Items

I understand that any misrepresentation of need, sale or abuse of the foods and/or items I have received is prohibited and could result in a fine, imprisonment or both. (Section 211E, Public Law 96-494, and Section 4C, Public Law 93086, as amended) Because services provided by the Food Bank of Manatee, operated by Meals on Wheels Plus of Manatee are funded in part by Manatee County, I authorize and release the right for Manatee County Government to review my file for the purpose of monitoring and evaluating services of the Emergency Food and Baby Basket Program.

Client Signature: \_\_\_\_\_

**BASKET PICKED UP BY:**

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

By signing this form upon pickup of basket, you agree to adhere to the Food Bank of Manatee policy requiring you to provide this basket only to the recipient listed on this request. If unable to provide to the listed recipient, you must contact the Food Bank of Manatee immediately.

The Food Bank of Manatee  
 811 23<sup>rd</sup> Ave E  
 Bradenton, FL 34208  
 Phone (941) 747-3663 Fax (941) 746-7040

REQUEST DATE: \_\_\_\_\_

Marital Status:  Single  Divorced  Widow  
 Married  Separated

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Last 4 digits of SS# or DOB \_\_\_\_\_  
 Last Name (Spouse, if applicable) \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Last 4 digits of SS# or DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race/Ethnic Background:  American Indian or Eskimo  Black or African American  Hispanic or Latino  White or Caucasian  Asian or Pacific Islander  Other

Unemployed?  Yes  No

**NAMES** \_\_\_\_\_ **DOB** \_\_\_\_\_ **CURRENT ASSISTANCE (IN DOLLAR AMOUNTS)** \_\_\_\_\_ **SELF DECLARATION OF INCOME FOR ALL HOUSEHOLD MEMBERS** \_\_\_\_\_

_____	M / F _____	Food Stamps (\$ amount) _____	Social Security _____
_____	M / F _____	A.F.D.C _____	VA or Pension _____
_____	M / F _____	Medicaid _____	Workers Comp. _____
_____	M / F _____	SSI _____	Disability _____
_____	M / F _____	WIC _____	Child Support _____
_____	M / F _____	HUD _____	Alimony _____
_____	M / F _____	<u>EXPENSES</u> _____	Unemployment _____
Number in Family: _____		Rent _____	Employment _____
Do you need pet food? <input type="checkbox"/> Cat <input type="checkbox"/> Dog _____		Utilities _____	Other: _____
			Total Household Income: _____

Type of crisis requiring food assistance: \_\_\_\_\_

Agency: Are you actively counseling client on Snap assistance, employment, and/or other food assistance available to the client?  Yes  No

**I UNDERSTAND THAT ANY MISREPRESENTATION OF NEED, SALE OR ABUSE OF THE FOODS I HAVE RECEIVED IS PROHIBITED AND COULD RESULT IN A FINE, IMPRISONMENT OR BOTH. (Section 211E, Public Law 96-494, and Section 4 C, Public Law 93086, as amended) Because services provided by Meals on Wheels PLUS and the Food Bank of Manatee are funded in part by Manatee County, I authorize and release the right for Manatee County Government to review my file for the purpose of monitoring and evaluating services of the Emergency Food and Baby Basket Program.**

CLIENT SIGNATURE: \_\_\_\_\_ (Must be 18 or older) DATE RECEIVED: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ (Agency Signature)

AGENCY NAME: \_\_\_\_\_ (This section to be completed upon pickup of food basket)

AGENCY TELEPHONE: \_\_\_\_\_

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