

Bellevue Community Food Bank  
New Patron Information

BCFB Number \_\_\_\_\_

Date \_\_\_\_\_

**Our services are for customers that are ill, on disability, or at financial risk.**

**Does your situation fall into any of these categories? Yes \_\_\_\_ No \_\_\_\_**

**Name** \_\_\_\_\_  
Last Name First Name Middle Name or Initial

**Address** \_\_\_\_\_

Apartment Number \_\_\_\_\_ Name of Complex \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State: TN Zip** \_\_\_\_\_

**Home or Other Telephone Number** \_\_\_\_\_

**Last 4 of SSN** \_\_\_\_\_ **OR Last 4 of Phone #** \_\_\_\_\_ Education: N/A Self identified: N/A

D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Housing Type: Own Home; Rent Home; Private Rental; Apartment; Homeless; Other \_\_\_\_\_

Employment type: \_\_\_\_\_ Income type: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Number of People in Household \_\_\_\_\_ // Adults \_\_\_\_\_ Children \_\_\_\_\_

**Names:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) How did you hear about Bellevue Community Food Bank?

\_\_\_\_\_

2) Do you have any special needs such as infant supplies, special diet, food allergies, etc.?

\_\_\_\_\_

3) Proof of Residence Verified (To be completed by Bellevue Community Food Bank)

NES \_\_\_\_\_ Housing \_\_\_\_\_

Nashville Gas \_\_\_\_\_ Metro Water \_\_\_\_\_

Drivers License \_\_\_\_\_

Other (Subject to approval of BCFB) \_\_\_\_\_

**Statement to read to patron for consent to log information: Yes \_\_\_\_\_ (Verbal) No \_\_\_\_\_ (written)**