



Hoosier Hills Food Bank

615 North Fairview Street, Bloomington, Indiana 47404
Telephone: (812)334-8374

MEMBER AGENCY APPLICATION FORM (3/18/08)

Date completed _____ Person _____ Phone # _____

Organization Information

CHECK On-site (Serves Meals **CHECK** Food Pantry Day Care Soup Kitchen
ONE \Rightarrow Pantry or snacks) **ONE** \Rightarrow Residential Home Youth Program Shelter
 Disaster Assistance

Name of the organization: _____

Name of food assistance program: _____

Is your agency a 501(c)(3) organization? Yes No

Are you a part of a larger (parent) organization? Yes No

If yes, please provide parent organization's name _____

Please note: To be the Hoosier Hills Food Bank member agency, you must be a not-for-profit organization that is tax exempt under the federal IRS 501(c)(3) tax designation. If you are using a parent or group 501(c)(3) designation letter, the Hoosier Hills Food Bank needs to receive a letter or some other documentation that the agency is affiliated with the 501(c)(3) organization. The agencies must be incorporated for the purpose of serving the ill, needy, or infants (minor children); member agencies are asked to supply the Hoosier Hills Food Bank with their organization's articles of incorporation.

County _____ Date food assistance program started _____

Physical Location Address _____

City _____ ZIP _____

Mailing address (if different) _____

City _____ ZIP _____

Fax _____ Email _____

Director's name _____ Phone _____

Contact's name _____ Phone _____

Billing Person _____ Phone _____

Billing Address _____

City _____ ZIP _____

Service Information

Please provide a brief history of your organization: _____

Please describe how this agency will use products from the Hoosier Hills Food Bank: _____

What additional services, other than food assistance, does your agency provide? _____

What are your days and hours of operation? _____

Do you accept referrals? Yes No

If yes, from whom? _____

Do you have an answering machine? Yes No

What geographic area does your service cover? _____

What criteria do you use for determining eligibility of your clients? _____

Are there any reasons you would turn someone away? _____

How often may a client receive service? _____

From where does your agency get food? _____

Record Keeping

Please describe how you keep track of people served: _____

Do you record names, addresses, or phone numbers of all clients served? Yes No

Do you record the date you disburse food to clients? Yes No

Do you record the number of people served? Yes No

What is the average number of people served per month? _____

Do your clients make voluntary contributions? _____

Please note: Member agencies must submit a regular accounting of their service numbers. Every agency has to fill out either Food Pantry Report Form and/or On-site Report Form and submit them to us quarterly. The form can be mailed/faxed/mailed/handed in during the shopping visit.

Facility/Storage Information

Please describe your dry storage area: _____

How many and what type of refrigerators do you have? _____

How many and what type of freezers do you have? _____

Please note: If your refrigerators and freezers do not have built-in thermometers, we recommend acquiring thermometers to keep track of the temperature. Refrigerator temperature should be kept between 35-40°Fahrenheit, and freezer – below 10°Fahrenheit.

Please return completed application, copies of 501(c)(3) letter and Articles of Incorporation to:

**Hoosier Hills Food Bank
Attn: Dan Taylor
P.O. Box 697
Bloomington, IN 47402**

Member Agency Representative Signature _____ Date _____