



2121 Spar Ave., Anchorage, AK 99501 (907) 272-3663 fax (907) 277-7368

PARTNER AGENCY INTAKE FORM

Date: _____

Name of Partner Agency _____

Mailing Address _____

Billing Address _____

Physical Location of Site _____

Contact Person _____ Title _____

Telephone _____ Fax _____ Email _____

Type of Service(s): Meals _____ Day Care _____ Residential Care _____ Food Box _____ Snack _____

Are you an affiliate of a church or a larger organization? YES _____ NO _____

If yes, what is the name and address of this organization/church? _____

Number of clients expected to serve _____ Estimate number of meals/food boxes per week _____

Scheduled days/hours of operation _____

What is your mission/purpose? _____

Does your organization provide services other than food? If so, please describe below:

How will eligibility be determined? _____

What limitations will be placed on a family or individual using the food services? (Once per month or 1 bag per week?) _____

What kinds of food does your organization most need (meat, fresh fruits and vegetables, dairy products, other)? _____

Comments: _____

Food Safety Statement: to be signed by agencies in Anchorage and the Mat-Su Valley only.

I certify that I have read Food Bank of Alaska's "Safe Food Handling Manual for Alaska Food Pantries" and agree to follow the safe food handling procedures explained therein. I understand that I must complete Food Bank of Alaska's food safety class in person, and that my agency may be placed on product hold if I fail to complete the class within a reasonable period of time.

Signed _____ Date _____