



**ATLANTA  
COMMUNITY  
FOOD BANK**

School Code/ Name \_\_\_\_\_

Date of distribution \_\_\_\_\_

NAME: (Households)	Number of Individuals in Household	Number of Children under 17	Number of Seniors 60+	GNAP Eligibility Yes or No			
				18 YO Student	At Risk	TANF	TANF (T)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Totals: Households \_\_\_\_\_ Individuals \_\_\_\_\_ Children \_\_\_\_\_ Seniors \_\_\_\_\_ GNAP \_\_\_\_\_