

CHARGER FOOD PANTRY PARTICIPANT AGREEMENT



Terms and Conditions:

I understand that food can only be picked up by a currently enrolled Georgia Highlands College student, faculty or staff member who completed this application form and that this application is only good for **one semester**. The student must reapply for each academic term he or she wishes to participate in the program.

I understand that food I receive from the Charger Food Pantry has been donated or purchased from several on-campus and off-campus partners and that none of the parties or groups involved in the program make any guarantees as to the quality of the food or its value for any particular purposes. Some of the food distributed at the Charger Food Pantry has surpassed its "best by" consumption date. The USDA states that "best if used by or before" date is recommended for best flavor or quality. It is not a purchase or safety date.

By signing below, I release Georgia Highlands College, and the original donor from any liability or harm (including injury or death) or losses in connection with the food or supplies I have received. I assume any risks and covenant not to sue the released parties with respect to such harm or losses. I understand that the Georgia Highlands College Food Pantry operates on limited funds and by support of others. I understand that this is a volunteer program run by donations. GHC cannot guarantee that food will be available, but additional locations/ resources can be provided.

Signature: _____ Print Name _____ Date: _____

GHC ID: _____

Male / Female **Age:** 0-18 19-64 65+ **Ethnicity:** Asian Hispanic African-American Caucasian Other

Number in household: _____



Household Size	Monthly income	Weekly income
1	\$1,276	\$295
2	\$1,726	\$399
3	\$2,177	\$503
4	\$2,628	\$607
5	\$3,078	\$711
6	\$3,529	\$815
7	\$3,980	\$919
8	\$4,430	\$1,023
Each add'l member	\$451	Add \$104

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, or if you have a crisis need you are eligible to receive food.

Please indicate below if you are currently experiencing a crisis need for food.

Crisis Need