

**PALM BEACH COUNTY FOOD BANK  
SENIOR HUNGER INITIATIVES CONTACT FORM**



**Agency Name:** \_\_\_\_\_

**Date (updated on):** \_\_\_\_\_

**PRIMARY CONTACT(S):** *The person(s) responsible for communication between your agency and PBCFB, authorized to make changes to your agency's file.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**AUTHORIZED AGENCY REPRESENTATIVES:** *Designated people authorized by the Primary Contact who are allowed to pick up food on behalf of their agency.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Use as many of these forms as needed to submit your full list of authorized agency representatives. Email your list to [agency@pbcfoodbank.org](mailto:agency@pbcfoodbank.org).

**Palm Beach County Food Bank: Senior Hunger Initiatives (SHI)**  
**Agency General Information Form**



Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Number of requested bags: \_\_\_\_\_

Agency status (check the description below that best applies to your agency):

☐ Public (anyone can attend SHI distributions) ☐ Private (only for agency clients/residents)

**Main Program Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Food Pickup/Delivery**

☐ I will pick up the food directly from the PBCFB.

PBCFB warehouse is open Monday – Friday 8:00 a.m. to 3:00 p.m.

1. Preferred Pickup Day: \_\_\_\_\_

2. Preferred Pickup Time: \_\_\_\_\_

3. Designated person(s) authorized by the Primary Contact who are allowed to pick up food on behalf of your agency.

a. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

**Palm Beach County Food Bank: Senior Hunger Initiatives (SHI)**  
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☐ I prefer to have the food delivered to me.

Delivery is not guaranteed. A PBCFB representative will confirm a delivery day.

1. Preferred delivery day(s) (provide 2 -3 options): \_\_\_\_\_

2. Earliest deliveries can be accepted: \_\_\_\_\_

3. Latest delivery can be accepted: \_\_\_\_\_

4. Is there any time the bags cannot be delivered? \_\_\_\_\_

5. Contact person who will receive your senior boxes upon delivery:

a. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

6. Detailed instructions for the Food Bank driver as to where the driver will meet the contact person receiving the senior boxes. Please be specific. (Please be mindful, drivers cannot enter facilities):

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**Food Distribution**

Agency days and hours of distribution. When do you plan to distribute food? We will add your agency's distribution to our website if you are a public agency.

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