



# Mobile Distribution MilitaryShare

A program for veteran, veteran spouse, and active-duty soldiers



Date: \_\_\_\_\_

Veteran Contact Name: \_\_\_\_\_

Verified by \_\_\_\_\_

Veteran Spouse Name: \_\_\_\_\_

Address \_\_\_\_\_

DD214, Military ID, VA Card.....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POC Phone # \_\_\_\_\_

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

Please list the total number of people in the household in the following age categories:

0 – 17 \_\_\_\_\_

18 – 59 \_\_\_\_\_

60 + years of age \_\_\_\_\_

***I understand that I am receiving this food at my own risk and will not hold the Central PA Food Bank or it's member agency's responsible for any reason for any food received through this distribution program. I understand there are no payments or donations required for the food. I agree that I will not sell or exchange the food for any property or services I receive.***

***With my signature, I confirm that all information recorded on this form is correct and that if I have questions that they have been answered to my satisfaction.***

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**Please sign above.**

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### The Central PA Food Bank Program Proxy Form

I \_\_\_\_\_ hereby authorize \_\_\_\_\_

to pick up my MilitaryShare food and deliver it to me.

Client Signature \_\_\_\_\_

Proxy Signature \_\_\_\_\_

MilitaryShare Site Representative Signature \_\_\_\_\_