

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY  
 FOOD DISTRIBUTION LIST  
 SECOND HARVEST FOOD BANK

**AGENCY NAME:** \_\_\_\_\_ **AGENCY ADDRESS:** \_\_\_\_\_  
**Distribution Date:** \_\_\_\_\_

**PLEASE COMPLETE ALL COLUMNS**

Applicant's Name	Address	First time at this Pantry		Total Number in Household	Number of Children (0-17 years)	Number of Adults (18-64)	Number of Seniors (65+)	Applicant's Signature
		Yes	No					
<b>Totals</b>								