Cranford Family Care Association, Inc
Senior Meals Delivery Program

Application for Year: _____

Name: _____

Address: _____ Cranford. NJ 07016

Phone:(H) ( )_____

(M) ( )_____

Names of Other Household Members (List all)

1. _____ 2._____

3._____ 4._____

**Please advise Cranford Family Care of any dietary restrictions or allergies, but Cranford Family Care is not responsible to check donated food for any allergens and does not ensure that any donated food will meet dietary restrictions for any client.

**"Cranford Family Care distributes food that is donated from outside sources in good faith and is not responsible for the condition of wholesome food received as donations."

By signing, I certify that the information I have provided in support of this request for assistance is true and correct:

Signature:_____ Date: ____/____/_____ Reviewed by

CFC (initial): _____ Date: ____/____/_____