



NAPS (Nutrition Assistance Program for Seniors)

Second Harvest North Central Food Bank

PO Box 5130, Grand Rapids, MN 55744

Email to: sandy@secondharvestncfb.com

Or fax to: 218-999-5252

Pre-screening application

Applicant's Full Name: _____

Mailing Address / PO Box: _____

City, State, Zip: _____

Hispanic or Non-Hispanic: _____

Date of Birth: _____

Ethnic Origin / Race: _____

Telephone: _____

Site: _____

Email Address: _____

Proxy Name: _____

How many persons in your household? _____

Entire Household Monthly Income:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

If your income is Social Security, please list the GROSS amount, before any deductions.

If your income consists of hourly wages, please list how many hours per week and how much per hour.

This institution is an equal opportunity provider.