

PULLMAN CHILD WELFARE

NEW CLIENT AND/OR REQUEST FORM

CLIENT INFORMATION (please print)

Last Name _____ First Name _____ Age _____

Mailing Address _____ City _____ Zip _____

Phone _____ Number in household (Including applicant) _____

OTHERS IN HOUSEHOLD (please print) (spouse, child, parent, etc.)

LAST NAME	FIRST NAME	AGE	BOY/GIRL	RELATIONSHIP TO APPLICANT

Food Bank Only Below This Line

DATE: _____ PCW SIGNATURE _____