



## Association of Flight Attendants - CWA

AFA working together with the AFL-CIO Community Services Program is ready to assist you by providing food baskets with non-perishable foods items. Food baskets will be distributed based on need as determined by the information you provide on this application. Please complete this form to help better assess your needs. Forms should be submitted to the AFA Office at the following address:

**Association of Flight Attendants - CWA**  
**3375 Koapaka Street, Suite D-131**  
**Honolulu, Hawaii 96819**

**Please Print**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Marital Status:**      **Single**       **Married**

**Head of Household (name):** \_\_\_\_\_

**Dependents:**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Special Needs</b> (diapers, baby food, medication, etc.)	<b>Union Member</b> <b>Yes or No</b>
		<b>SELF</b>		

Household members currently employed:

Name	Age	Employment	Comments:

Household monthly income:

Employment: \_\_\_\_\_ Welfare: \_\_\_\_\_

Social Security: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any special needs and or concerns: \_\_\_\_\_

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Due to limited resources the food baskets will be distributed to the members with the most need.  
On a scale of 1-10 (1 meaning no need, 10 meaning most needy) please indicate your need for food assistance.

**1 2 3 4 5 6 7 8 9 10**