

FOR AGENCY USE ONLY: AGENCY _____ PARISH _____

AGENCY REPRESENTATIVE _____ DATE _____

All pre-registering households must complete an Application/Declaratory Statement of Eligibility. An application must be approved and on file in order for the household to receive commodities. This application expires on June 30th every year, but may be extended for an additional, consecutive two years provided the renewal form on the back of the original application is properly completed, approved and signed by all parties.

NAME (Head of Household) ADDRESS
TELEPHONE CITY STATE ZIP

DATE OF BIRTH SSN (optional) PLACE of EMPLOYMENT

- 1. I certify that I am a resident of the parish listed above.
2. I certify that there are ___ number of persons in my household and that my household is eligible to receive USDA Commodities because (check A or B): (CHECK ONLY ONE)
a. [] The combined gross income of all persons in my household is ___ per ___ (week, month, year).
b. [] I receive (circle one) Special Nutrition Assistance (SNAP), TANF, or Supplemental Security Income.
3. I understand that my household shall only receive donated foods under this application as distributed by this agency.
4. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.
5. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
5. I understand that food received under this program is for my household consumption ONLY.
7. I certify that I will contact the agency listed above should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
. I understand that I may only receive food from one food pantry.
. I certify that the above information is true and correct.

Number in Household } ___ Children ages 0-17
___ Adults 18 - 64
___ Senior Adults 65 +
___ Homeless

SIGNATURE OF PERSON FILING APPLICATION AUTHORIZED REPRESENTATIVE TO PICK UP FOOD

DATE
Application Denied Because: ___ Income too high ___ Other (Explain)

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at: https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf or from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue
Washington, D.C. 20250-9410; or
2) fax: (833) 256-1665 or (202) 690-7442;
3) email: program.intake@usda.gov.

Others Residing in Household:

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____

Name _____ SSN (optional) _____ DOB _____