

APPLICATION - DECLARATORY STATEMENT OF ELIGIBILITY

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 _____

- 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 ONE - A or B)
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. Please fill out the number of individuals in each age group that are living in your household.
Total number of adults (Ages 18-64): _____ Total number of children (ages 0-18): _____
Total number of Seniors (Ages 65+): _____ Total number of Evacuees: _____ Total number of Homeless: _____
4. I understand that my household shall only receive donated foods under this application as distributed by this agency.
5. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.
6. 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.
7. I understand that food received under this program is for my household consumption ONLY.
8. 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.
9. I understand that I may only receive food from one food pantry.
10. I certify that the above information is true and correct.

SIGNATURE OF PERSON FILING APPLICATION _____

AUTHORIZED REPRESENTATIVE TO PICK UP FOOD _____

DATE _____

Application Denied Because: _____ Income too high _____ Other (Explain): _____

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.