

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): \_\_\_\_\_

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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.

# APPLICATION – DECLARATORY STATEMENT OF ELIGIBILITY (renewal form)

Renewal form of the declaratory statement may not be used if the client did not apply to receive USDA product during the year following the previous application period. (Example: If John Smith applies for and receives food any time from July 1, 2013 through June 30, 2014, but does not request assistance from July 1, 2014 through June 30, 2015, he must complete a new application the next time he requests assistance.

Client's Signature indicates that he/she has read and understands all information on the Application/Declaratory Statement of Eligibility and certifies that all information provided is correct.

Date	Print Name, Address, Phone	Number in Household	Assistance	Combined Gross Income	Signature
		Adult: Children: Senior: Homeless: Evacuees: Total:	(Circle One) SNAP Supplemental SSI TANF	\$ _____ (Circle One) Week Month Year	_____ Client

Application received by: \_\_\_\_\_

Date: \_\_\_\_\_

Circle One: Accepted    Denied: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

Date	Print Name, Address, Phone	Number in Household	Assistance	Combined Gross Income	Signature
		Adult: Children: Senior: Homeless: Evacuees: Total:	(Circle One) SNAP Supplemental SSI TANF	\$ _____ (Circle One) Week Month Year	_____ Client

Application received by: \_\_\_\_\_

Date: \_\_\_\_\_

Circle One: Accepted    Denied: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

*It is the policy of this agency to ensure equal opportunity in all aspects of its programs and services without regard to race, color, national origin, age, sex or disability.*