

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 USDA Foods. 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 | ZIPCODE |

I certify that I am a resident of the parish listed above.

1. I certify that there are _____ number of persons in my household and that my household is eligible to receive USDA Foods Because: (CHECK ONLY 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) TANF, FITAP, or Supplemental Security Income.

2. I understand that my household shall only receive donated foods under this application as distributed by this agency.

3. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.

4. 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.

6. 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.

7. I understand that I may only receive USDA Foods food from one food pantry.

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

8. I certify that the above information is true and correct.

9. [] I am an undocumented person.

SIGNATURE OF PERSON FILING APPLICATION

DATE

AUTHORIZED REPRESENTATIVE TO PICK UP FOOD

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, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.