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.

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_____

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 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.

6. 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.

8. I understand that I may only receive food from one food pantry.

9. 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, audiotape, 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 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
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, 2004 through June 30, 2005, but does not request assistance from July 1, 2005 through June 30, 2006, 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.

	Print Name, Address, Phone	**Number in Household**	**Assistance**	**Combined Gross Income**	**Signature**
			(Circle One) SNAP Supplemental SSI TANF	$_____ **(Circle One)** Week Month Year	_____ Client
Application received by: _____ Date: _____ **Circle One: Accepted Denied:** _____					_____ Authorized Representative

	Print Name, Address, Phone	**Number in Household**	**Assistance**	**Combined Gross Income**	**Signature**
			(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.