

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 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) TANF, FITAP 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.

Number in Household } \_\_\_ Children ages 0-17
\_\_\_ Adults 18 - 64
\_\_\_ Senior Adults 65 & up
\_\_\_ 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 civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
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.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, 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:

## 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) Supplemental SSI TANF FITAP	\$ _____ (Circle One) Week Month Year	_____ Client
Application received by: _____					_____ Authorized Representative
Date: _____ Circle One: Accepted Denied: _____					
			(Circle One) Supplemental SSI TANF FITAP	\$ _____ (Circle One) Week Month Year	_____ Client
Application received by: _____					_____ Authorized Representative
Date: _____ Circle One: Accepted Denied: _____					

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