

**Food Bank of Central Louisiana  
Senior Program  
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 30<sup>th</sup> every year.

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NAME (Head of Household) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
( ) \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SOCIAL SECURITY# (Optional) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

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 [SR-65+ \_\_\_\_, AD-18-64 \_\_\_\_, CH under 18 \_\_\_\_] 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)

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- (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](mailto:program.intake@usda.gov).

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