

Food Bank of Central Louisiana
FOOD DISTRIBUTION PROGRAM
APPLICATION—DECLARATORY STATEMENT OF ELIGIBILITY Attachment 4

FOR AGENCY USE ONLY: AGENCY Cane River Food Pantry PARISH Natchitoches
Agency Representative Greene/FUMC Natchitoches DATE July 2021—June 2022

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 of every year, but may be extended for an additional, consecutive ten 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		
(____)	_____	_____	_____	_____
AC	TELEPHONE	CITY	STATE	ZIP CODE
_____ DATE OF BIRTH		_____ SSN (optional)	_____ 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 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, this agency is 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. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. 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 responsible state or local that administers the program or USDA's Target Center at 800/720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: <http://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> or from any USDA office, by calling 866/632-9992, or 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 complete detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and ate of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave., SW
Washington, D.C. 20250-9410.

(2) FAX: (833)256-1665 or (202)690-7442

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

MAIL APPLICATION TO: Cane River Food Pantry/P.O. Box 120/Natchitoches, Louisiana 71458

OTHERS RESIDING IN THE HOUSE:

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

Name _____ SS# (optional) _____ DOB _____

ELIGIBILITY OF HOUSEHOLDS

A food bank must adhere to the following eligibility requirements for distributing donated food to needy households and must keep on file a completed Application/Declaratory Statement of Eligibility (**Attachment 4**). Alternate application forms may be used if they capture all information requested on Attachment 4. Any alternate application must be approved by the Food Distribution Division prior to use. This includes any electronic eligibility verification system.

1. An applicant must be a resident of a parish in which the recipient has jurisdiction.
2. An applicant must meet one of the following criteria:
 - a) Combined gross income of all persons in applicant's household is within the following guidelines:

SIZE OF HOUSEHOLD	MONTHLY INCOME IS LESS THAN:	YEARLY INCOME IS LESS THAN:
-------------------	------------------------------	-----------------------------

1	\$1,580	\$18,954
2	\$2,137	\$25,636
3	\$2,694	\$32,318
4	\$3,250	\$39,000
5	\$3,807	\$45,682
6	\$4,364	\$52,364
7	\$4,921	\$59,046
8	\$5,478	\$65,728

**FOR EACH ADDITIONAL
FAMILY MEMBER ADD**

\$557

\$6,682

- b) Applicant receives supplemental security income.
 - c) Applicant's household receives aid to families with dependent children.
3. These Income Guidelines are to be used for all distributions between July 1, 2021 and June 30, 2022.

NOTE: PLEASE SEE PAGE 8(b) for additional clarification of "Household."

Revised 3/15/2021