



SENIOR FOOD PROGRAM APPLICATION

Site: _____

SFP#: _____

Please answer ALL questions

(Please Print)

NAME: _____ TELEPHONE: () _____

(Street)

ADDRESS: _____ APT. # _____ CITY: _____

ZIP _____ SEX: Female Male DATE OF BIRTH: _____

NUMBER OF PEOPLE IN HOUSEHOLD (include yourself and all people living with you): _____

HOUSEHOLD INCOME (total monthly income of all adult household members) \$ _____

ETHNIC INFORMATION: Hispanic/Latino Non-Hispanic/Latino

RACE (check only one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Black |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other |

PROGRAM REQUIREMENTS AND POLICIES:

- To qualify for membership in the Senior Food Program, you must be 55 years of age or older, meet income Guidelines, and live in Contra Costa or Solano County – age and home address must be documented/verified.
- Income (monthly) guidelines are 200% of poverty - for example; 1 person household \$1,962 or less, 2 person household \$2,566 or less, 3 person household \$3,348 or less.
- Bags of food must be picked up on the distribution day, during the distribution time -- bags cannot be held.
- If you cannot come to the Senior Food Program site, you must make your own arrangements to have your bag picked up.
- Your name will be dropped from the membership list if your bag is not picked up for six consecutive distributions.
- Notify your Senior Food Program site coordinator of an extended illness or vacation.

THE UNDERSIGNED VERIFIES THAT

- (1) I hereby certify that the above information is **true and correct** to the best of my knowledge.
- (2) All information provided on this application is **accurate and complete**.
- (3) I am the **only person** in my household applying for the Senior Food program.
- (4) I will apply for Senior Food Program membership at **one site only**.

Signed: _____ Date: _____

Please bring the completed application to the Senior Food Distribution Site closest to your home along with documentation of your age and home address. Proof of income need not be documented. Please refer to our website www.foodbankccs.org should you have questions regarding the application.