Senior Food Box Program Applicant Self-Declaration of Need Form 302002: FILL-IN







Name of Participant: Date of Birth Prefer not to say					vide Proof	□Male □Female				
Phone Number: Cell	Name of Participant:				rth					
Phone Number: Cell	Street Add	ress.								
Phone Number: Cell						77.				
How many persons live in your household? Household Income Reported is Received Check One : Weekly Monthly Annually	API NU.:					Zip				
Household Income Reported is Received Check One :	Phone Number: □Cell □Home Email Address:									
Household Size	What is your total household income? \$ How many persons live in your household?									
Household Size	Household Income Reported is Received [Check One]: □Weekly □Monthly □Annually									
1 \$14,6744 \$1,396 \$322 2 \$22,646 \$1,888 \$436 3 \$28,548 \$52,379 \$5549 4 \$334,450 \$2,871 \$663 5 \$40,352 \$53,363 \$776 6 \$46,254 \$3,855 \$890 7 \$55,156 \$4,347 \$51,003 8 \$58,058 \$4,339 \$51,117 For each additional household member, add: \$5,902 \$492 \$114 Household Member First Name		2021-22	CSFP Income Guidelin	es – Elderly :	130% of Poverty					
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Proxy 2 - Print Name: Proxy 2 Signature: Date: Site Name: County:	Caretaker Only - Print Name:									
Site Name: County:	Proxy 1 – l	Print Name:	Proxy 1 S	Proxy 1 Signature:						
Site Name: County:	•									
	•	County:								
		Date:								

Household Member	First Name	Last Name	Birthdate	Gender Circle One
5				Male or Female
6				Male or Female
7				Male or Female
8				

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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>How to File a Complaint</u>, 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.