



Site: \_\_\_\_\_

SFP # \_\_\_\_\_

### SENIOR FOOD PROGRAM APPLICATION, 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) \$ \_\_\_\_\_

ETHNIC INFORMATION:  Hispanic/Latino  Non-Hispanic/Latino

#### RACE (check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Black/African American           |
| <input type="checkbox"/> American Indian/Alaskan Native & White                  | <input type="checkbox"/> Black/ African American & White  |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Asian & White   | <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.
- > See back of form for membership and verification of eligibility information.
- > Bags of food must be picked up on the distribution day, during the distribution time -- bags cannot be held.
- > You must make your own arrangements to have your bag picked up, if you can not come to the Senior Food Program site.
- > 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: \_\_\_\_\_

Mailing Address: Post Office Box 6324, Concord, CA 94524  
Phone Numbers: (925) 771-1303 or (707) 421-9777 x 205



MEMBERSHIP and VERIFICATION of ELIGIBILITY INFORMATION

The Food Bank of Contra Costa and Solano's Senior Food Program distributes **free bags of groceries at various locations in both Contra Costa and Solano County.** There are 3 criteria for membership:

1. Members must be **55 years of age or older**
2. Members must **reside in a low-income household**
  - A. \$1,670.00 a month or less (gross) for a single person household
  - B. \$2,246.00 a month or less (gross) for a two person household
  - C. \$2,823.00 a month or less (gross) for a three person household
3. Members must **reside in Contra Costa or Solano County**

To register you will need to complete an application, which is on the other side, and provide proof of your birth date and your home (street) address. You can self-certify your household income.

1. **Documents that can verify your birth date.**  
Examples: Driver's license, California state identification card, Passport, Medical insurance card
2. **Documents that can verify your home (street) address.**  
Examples: Utility bill, Rental lease, Telephone bill, Piece of mail

In order for you to apply for Senior Food Program membership, **you must provide this information along with copies of documents to prove your age and residence. Submit the copies of the documents with the completed application.** For more information call **Charlene at (925) 771-1303 or (707) 421-9777 x 205.**

AN APPLICATION IS ON THE OTHER SIDE OF THIS PAGE

**Take the application and documents to the distribution site or mail to:**

Food Bank of Contra Costa and Solano

P.O. Box 6324

Concord, CA 94524

Contra Costa: 925-771-1303 Solano: 707-421-9777 x 205