



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 185% of poverty - for example; 1 person household \$1,679 or less, 2 person household \$2,268 or less, 3 person household \$2,857 or less.
- 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)676-7543 (800)870-FOOD