



FOOD BANK of Contra Costa and Solano

Site: _____

B.B. # _____

BROWN BAG 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): _____

YOUR total monthly income \$ _____ HOUSEHOLD total monthly income \$ _____.

ETHNIC INFORMATION: Hispanic/Latino Non-Hispanic/Latino

RACE (check only one in this box)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Two or more races | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Some other race | <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Missing or declined to state | <input type="checkbox"/> Korean | |
| | <input type="checkbox"/> Laotian | |
| | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other Asian | |

PROGRAM REQUIREMENTS AND POLICIES:

- To qualify for membership in the Brown Bag program, you must be 55 years of age or older, meet income guidelines set by the State of California 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 Brown Bag site.
- Your name will be dropped from the membership list if your bag is not picked up for six consecutive distributions.
- Notify your Brown Bag site coordinator of an extended illness or vacation.

It is not necessary to pay any fees to participate in the Brown Bag Program. Voluntary donations to the Food Bank of Contra Costa and Solano, however, are appreciated. The Food Bank of Contra Costa and Solano serves all people without regard to race, color, religion, sex, age, marital status, political affiliation, disability, sexual orientation, medical condition, veteran's status, or national origin. 7/08

THE UNDERSIGNED VERIFIES THAT:

- (1) All information provided on this application is **accurate and complete**.
- (2) I am the **only person** in my household applying for Brown Bag.
- (3) I will apply for Brown Bag membership at **one site only**.

Signed: _____ Date: _____

A service provider for the Area Agency on Aging in both Contra Costa and Solano Counties.

Mailing Address: Post Office Box 6324, Concord, CA 94524

Phone Numbers: (925) 771-1303 or (707) 421-9777 x 205

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