

Senior Program Application/Renewal Form



FEEDING AMERICA
A Member Of

Senior's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Parish: _____

Phone #: _____ Birth date: _____ Age: _____

Total number of persons living in household: _____

Total monthly income for all household members: \$ _____

You must include:

- 1. 2023 proof of income for yourself.***
- 2. Proofs of income for EACH member of your household over age 18.***

List ALL persons living in the household including yourself:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Pick-Up Alternates:

_____	_____
Name	Phone #
_____	_____
Name	Phone #

Bad weather alternate contact:

_____	_____
Name	Phone #

I certify the above information is true and complete.

x _____
Applicant's signature Date

Please mail application/renewal form in enclosed envelope to: Food Bank NELA
PO BOX 5048
Monroe, LA 71211

***Don't forget to sign above and provide proof of income!
Incomplete applications will delay your application being processed.***

Food Bank Contact Information

Phone: (318)-322-3567 • Fax: (318)-322-1620 • Email: ktarver@fbnela.org

FOR OFFICE USE ONLY

Date Received: _____ Sr. No. _____ Approved / Denied Entered: _____

The Food Bank of Northeast Louisiana

Senior Food Box Program

What is the Senior Program and how does a senior qualify?

The Senior Food Box Program helps people who are aged 60 and older stretch their food budgets by providing them with supplemental food box each month. Anyone over the age of 60, and whose total monthly household income is within the following USDA guidelines will be qualified to participate in the program. The total household income is the total of all income combined for all household members over the age of 18.

SIZE OF HOUSEHOLD	MONTHLY INCOME IS LESS THAN:	YEARLY INCOME IS LESS THAN:
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1	\$1,580	\$18,954
2	\$2,137	\$25,636
3	\$2,694	\$32,318
4	\$3,250	\$39,000
5	\$3,807	\$45,682
6	\$4,364	\$52,364
7	\$4,921	\$59,046
8	\$5,478	\$65,728

FOR EACH ADDITIONAL
FAMILY MEMBER ADD

\$557

\$6,682

Revised 04/17/2023

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

04/17/2023