



CATHOLIC CHARITIES, INC.

Food Cooperative Program Application

DATE: _____

LOCATION: _____

MUST ATTACH PROOF OF INCOME TO THIS FORM

Zero Income Declaration must be completed for any person(s) living within the household age 18 and over that has NO INCOME.

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Marital Status? Single Single Parent Married Divorced Widow

EMAIL: _____

LEAVE BLANK—Total Household Amount & Source of Income—LEAVE BLANK

Total Household Income \$ _____

Source of Income: Disability Pension Social Security Unemployment
 SNAP SSI TANF Employment Alimony

RACIAL/ETHNIC PARTICIPATION DATA

1. Are you Hispanic or Latino? [Check only one] Yes No
2. What is your race? [Check all that apply] American Indian or Alaska Native Asian
 Caucasian Black or African American Native Hawaiian or Other Pacific Islander
3. Are you an active member of the Military or a Veteran? Yes No

Names of those living in household. Include self, immediate family, relatives, friends, and non-married partners:

Name	Relationship	Date of Birth	Age	Gender	Social Security #
	Self				

ZERO INCOME DECLARATION

I certify that I and/or the following individuals residing in my household (18 and older) are not employed and have not received any income from any source for the stated time period:

NAME	AGE	RELATIONSHIP	TIME PERIOD	REASON
1.				
2.				
3.				

INCOME DECLARATION – NO DOCUMENTATION AVAILABLE

I certify that I have **NOT** been formally employed since _____ (Month/Date/Year)

However, I have received cash income in the past _____ (# of weeks) from the following work for which I have no documentation:

TYPE OF WORK	# OF WEEKS WORKED	EMPLOYER	AMOUNTS EARNED (Gross)
			\$
			\$

CERTIFICATION STATEMENT

This certification form is being completed in connection with the receipt of CATHOLIC CHARITIES FOOD ASSISTANCE PROGRAM assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive FOOD ASSISTANCE PROGRAM benefits at more than one FOOD PROGRAM site during the same month. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance program for use in determining eligibility for participation in other public assistance programs and for program outreach purposes.

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

I release the FOOD ASSISTANCE PROGRAMS of CATHOLIC CHARITIES, INC., its administrating agency, its officers, employees, and volunteers from any liability resulting from the FOOD ASSISTANCE PROGRAM distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the FOOD ASSISTANCE PROGRAM.

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 202-9410 or call [800] 795-3272[voice] or [202] 720-6382 [TTY]. USDA is an equal opportunity provider and employer

<p style="font-size: 2em; margin: 0;">X</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; font-weight: bold; margin: 0;">Club Member's Signature and Date</p>	<hr style="border: 0.5px solid black;"/> <p style="text-align: center; font-weight: bold; margin: 0;">Catholic Charities Staff & Date</p>
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Administered in part by
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Division of State Service Centers/Office of Community Services DHHS/DHSS/DSSC/OCS