

PLEASE PROVIDE

1. COMPLETED APPLICATION
2. PICTURE ID
3. PROOF OF RESIDENCY (LEASE OR UTILITY BILL)
4. PROOF OF ALL HOUSEHOLD MEMBERS
5. PROOF OF HOUSEHOLD INCOME



City of Central Food Bank
Assistance Application
12023 Sullivan Road, Central, LA 70818
225-261-8098

WELCOME BAG GIVEN ☐ YES ☐ NO VOLUNTEER: _____ CLIENT ID# _____

Welcome Bags are for Central Residents Only

PLEASE READ CAREFULLY

THIS APPLICATION MUST BE FILLED OUT COMPLETELY

The City of Central Food Bank uses the USDA Poverty Guide Line to determine if you and or your household qualify for assistance. Please answer ALL questions and print clearly. In the event, you do not have all of the required documentation at the time of applying; you will receive a "Welcome Bag." To expedite the approval process, you may email the required documents to cityofcentralfoodbank@gmail.com. You will receive a letter of approval or denial within a few days of applying.

Have you ever received assistance from the City of Central Food Bank? ☐ YES ☐ NO

Have you ever applied with the City of Central Food Bank and been denied? ☐ YES ☐ NO If YES, When: _____

ABOUT YOU

First Name _____ Middle Initial _____ Last Name _____

Physical Address _____ City _____ State _____ Zip _____

Is this address the same as your mailing address? If not please indicate below.

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address: _____

Sex: ☐ Female ☐ Male Social Security Number _____ Date of Birth _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Separated ☐ Widowed Have you ever been convicted of a felony? ☐ YES ☐ NO

Place of Employment: _____

Address _____ City _____ State _____ Zip _____

Work Phone: _____ Contact: _____ How long have you been employed? _____

Rate of pay: _____ How often: _____ Full Time ☐ Part Time ☐ Hours _____

Retired: ☐ YES ☐ NO Do you receive SS Income? ☐ YES ☐ NO Do you receive SSDI? ☐ YES ☐ NO

Do you have children? ☐ YES ☐ NO If YES, How many _____

Do you receive Spousal Support? ☐ YES ☐ NO Do you pay Spousal Support? ☐ YES ☐ NO

Do you receive Child Support? ☐ YES ☐ NO Do you pay Child Support? ☐ YES ☐ NO

Do you have legal custody of any children that are not biologically yours? ☐ YES ☐ NO

What is the child/children's relationship to you? _____

Do you receive assistance from the state to support this child? ☐ YES ☐ NO

Do you receive Food Stamps (SNAP)? ☐ YES ☐ NO Do you receive WIC? ☐ YES ☐ NO

Do you receive food assistance from any other food bank or food pantry? ☐ YES ☐ NO

If yes, who from? _____

SPOUSE

First Name	Middle Initial	Last Name
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Physical Address	City	State	Zip
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Is this address the same as your mailing address? If not please indicate below.

Home Phone	Cell Phone	Work Phone
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Sex: ☐ Female ☐ Male Social Security Number _____ Date of Birth _____

Has your spouse ever been convicted of a felony? ☐ YES ☐ NO

Place of Employment: _____

Address	City	State	Zip
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Work Phone:	Contact:	How long have you been employed?
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Rate of pay:	How often:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hours
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Retired: ☐ YES ☐ NO Do you receive SS Income? ☐ YES ☐ NO Do you receive SSDI? ☐ YES ☐ NO

Do you have children? ☐ YES ☐ NO If YES, How many _____

Do you receive Spousal Support? ☐ YES ☐ NO Do you pay Spousal Support? ☐ YES ☐ NO

Do you receive Child Support? ☐ YES ☐ NO Do you pay Child Support? ☐ YES ☐ NO

Do you have legal custody of any children that are not biologically yours? ☐ YES ☐ NO

What is the child/children's relationship to you? _____

Do you receive assistance from the state to support this child? ☐ YES ☐ NO

HOUSEHOLD PLEASE LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOU	EMPLOYED YES/NO	STUDENT YES/NO

Has anyone listed above been convicted of a felony? ☐ YES ☐ NO

INCOME AND EXPENSES LIST ALL HOUSEHOLD INCOME AND EXPENSES BELOW (OTHER REFERS TO ROOMMATE OR OTHER HOUSEHOLD MEMBERS)

INCOME	AMOUNT
WAGES	
WAGES SPOUSE	
WORKMANS COMP	
WAGES ROOMMATE	
UNEMPLOYMENT	
FOOD STAMPS	
WIC	
CHILD SUPPORT	
SOCIAL SECURITY SELF	
SOCIAL SECURITY SPOUSE	
SOCIAL SECURITY OTHER	
SSI DISABILITY SELF	
SSI DISABILITY SPOUSE	
SSI DISABILITY OTHER	
DHS SUPPLEMENT	
VETERANS BENEFIT SELF	
VETERANS BENEFIT SPOUSE	
VETERANS BENEFIT OTHER	
ALIMONY SELF	
ALIMONY SPOUSE	
ALIMONY OTHER	
RETIREMENT FUND SELF	
RETIREMENT FUND SPOUSE	
RETIREMENT FUND OTHER	
MALICIOUS INCOME	

EXPENSES	AMOUNT	EXPENSES	AMOUNT
RENT		BABY FOOD	
HOME OR RENTERS INSURANCE		DIAPERS	
GAS		CHILD CARE	
WATER		CHILD SUPPORT	
ELECTRIC		ALIMONY	
TRASH		CREDIT CARD (\$)	
PHONE (\$)		RENT TO OWN	
CABLE/INTERNET		OTHER (DESCRIPTION)	
CAR NOTE (\$)		OTHER AMOUNT	
AUTO INSURANCE		OTHER (DESCRIPTION)	
AUTO FUEL		OTHER AMOUNT	
HEALTH INSURANCE		OTHER (DESCRIPTION)	
PERScription (\$)		OTHER AMOUNT	
MEDICAL CO-PAYS		OTHER (DESCRIPTION)	
LIFE INSURANCE		OTHER AMOUNT	
CIGARETTES		MISLANIOUS AMOUNT	

READ CAREFULLY AND SIGN BELOW

I certify that the information provided is true, complete and correct to the best of my knowledge. I understand that I and or my adult household member (s) will be subject to disqualification of receiving assistance from the City of Central Food Bank if any information provided is found to be fraudulent or misleading in any way. I permit the release of personal information for verification purpose only. In the event, the CEO of the City of Central Food Bank deems it necessary. I understand that if myself or anyone living in my household is found in violation of the rules of the City of Central Food Bank termination of the assistance of any kind will cease immediately. I understand I may re-apply for assistance after one year from the date of termination. In the event my status changes, such as income changes, household numbers change, etc., I will notify the City of Central Food Bank immediately. THIS COPY OF YOUR APPLICATION SHALL REMAIN ON FILE WITH THE CITY OF CENTRAL FOOD BANK FOR ONE YEAR AFTER WHICH TIME YOU WILL BE REQUIRED TO RE-APPLY.

Signature : _____ Date: _____

FOR OFFICE USE ONLY

☐ APPROVED ☐ DENIED ☐ SENIOR ☐ DISABLED

Letter Sent _____ Date: _____

Copy of Driver's License on file ☐ YES ☐ NO

All documents provided ☐ YES ☐ NO

If NO, Documents needed:

Bag (s) Approved _____ Assigned Pickup Week 1 2 3 4 OTHER

Client is disabled. Delivery requested ☐ YES ☐ NO

Notes:
