KY-FD-30-FB Page \_\_\_\_\_ of \_\_\_\_\_\_

(Rev. 02/19) **COMMODITY APPLICATION REGISTER**

**KENTUCKY DEPARTMENT OF AGRICULTURE, DIVISION OF FOOD DISTRIBUTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Agency Rep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. APPLICANTS – PLEASE READI certify that my monthly gross household income is at or below the guideline listed in column 5 based on the number in my household. I also certify that, as of today, my household resides in the geographic area served by this Kentucky Emergency Food Assistance Program agency as determined by the administrating Food Bank and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. I understand that making false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.  | 5. Household Size\_\_\_\_\_\_1..................2..................3..................4..................5..................6..................7..................8..................Each additional family member | Income Per Month $1,354 $1,832$2,311$2,790$3,269$3,748$4,227$4,705+ $479 | 6. Check Distribution Rate Used: \_\_\_\_ Monthly \_\_\_\_ Bi-Monthly \_\_\_\_ Quarterly |
| 7. Denial Code:01 - Excess Income02 - Previously Participated (Same Month)03 - Not a Resident of Area |

 8. 9. 10. 11. 12. 13.

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| Date | Applicant’s Name(print) | Address | **Total #****People in****House-hold** | #AdultsAges 18 - 59 | #Childrenages 0 – 5 ages 6 - 17 | #Seniorsages 60+ | Does not qualify:Denial Code | # Vets |

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|  Applicant / Authorized Signature  |

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| **SUB TOTALS →** |  |  |  |  |  |  |  |  |
| **TOTALS →** |  |  | **TOTAL ALL CHILDREN****0 - 17 →** |  |  |  |  |  |

Number of Households Denied: \_\_\_\_\_\_ Number of Households Approved \_\_\_\_\_\_ “USDA is an equal opportunity provider and employer.”

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|  Date | Applicant’s Name(print) | Address | Total #People | #AdultsAges 18 - 59 | #Childrenages 0 – 5 ages 6 - 17 | #Seniorsages 60+ | Does not qualify:Denial Code | # Vets | Applicant / Authorized Signature |
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| **SUB TOTALS →** |  |  |  |  |  |  |  |  |
| **TOTALS →** |  |  | **TOTAL ALL CHILDREN****0 - 17 →** |  |  |  |  |  |

Number of Households Denied: \_\_\_\_\_\_ Number of Households Approved \_\_\_\_\_\_ “USDA is an equal opportunity provider and employer.”

(KY-FD-30-FB) INSTRUCTIONS FOR COMPLETING

 Rev. 02/18 THE COMMODITY APPLICATION REGISTER

**PURPOSE:** The KY-FD-30-FB is a form completed by the worker, to be used as an application register for the participation of households in the Commodity Program.

**GENERAL PROCEDURE:** The form is prepared in the original only by the worker during a face-to-face interview with the applicant/authorized representative. Please number pages in upper right corner prior to distribution.

**DETAILED PROCEDURES FOR ENTRIES ON FORM:**

l. DATE

 Enter month and year application register is being completed.

2. AGENCY/ADDRESS

 Enter name, address, and county of agency accepting applications.

3. AGENCY REPRESENTATIVE

 Enter name of worker completing form.

4. APPLICANTS, PLEASE READ

For confidentiality purposes, this section should be read to each applicant household.

5. HOUSEHOLD SIZE/INCOME LIMIT

Review for each applicant household. Note: Income limit is subject to change as food stamp criteria changes.

6. DISTRIBUTION

 Check appropriate entry.

7. DENIAL

 Enter appropriate code in column 12 if application is denied.

8. ISSUANCE DATE

 Enter actual date food is issued.

9. APPLICANT NAME

 Print name of applicant for commodities.

10. ADDRESS

 Enter address of applicant.

1. NUMBER IN HOME

 Enter total number of persons residing in applicant’s household.

12. DENIAL

 Enter appropriate code if application is denied (see item 7).

13. APPLICANT/AUTHORIZED SIGNATURE

Applicant or authorized representative signs their own name. If authorized representative, the representative will need to show some type of personal identification; a signed, dated statement from the intended recipient plus one form of identification for the intended recipient. When applicant/authorized representative is signing the register, care must be taken to ensure other names included on the register can not be seen. This is for confidentiality purposes.