



Food Bank of Western Massachusetts

Brown Bag: Food for Elders Registration Form

Please print. All applicants must meet age and income requirements. Verification may be requested. Only one bag allowed per household.

Complete this form and mail it to:

Food Bank of Western MA
ATTN: Brown Bag
25 Carew St
Chicopee, MA 01020

413-419-0079, www.foodbankwma.org

Head-of-Household Information.

Name <i>Required</i>	Year of Birth <i>Required</i>	Address <i>Required – all applicants MUST live in Berkshire, Franklin, Hampden, or Hampshire County in MA.</i>	
First:	Year	Street Address:	Apt #:
Middle:	If you are Under 55, do you receive SSDI (Social Security Disability Income)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied, awaiting approval	City:	ZIP:
Last:		Mailing Address (if different) Address, City, ZIP:	
Phone <i>Required</i> () -			

Income <i>Required</i>	Government Benefits <i>Required</i>	Optional Information
Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual Above Income is from: <input type="checkbox"/> Social Security <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Employment <input type="checkbox"/> IRA/401b Retirement Fund <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid (MassHealth) <input type="checkbox"/> SNAP <input type="checkbox"/> Veteran's Assistance <input type="checkbox"/> WIC <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> TAFDC <input type="checkbox"/> Head Start <input type="checkbox"/> Other: _____	<i>The following information is 100% optional. It will not impact your program eligibility in any way, but helps us analyze our program so we can serve you better.</i> Gender: _____ Race/Ethnicity: _____ Language Preference: _____ Employment Status: _____ Highest educational level attained: _____ Are you Homeless? _____ Are you a veteran? _____ Are you a refugee? _____ Are you disabled? _____ Marital Status: _____

Email Address <i>Optional</i>	At which site would you like to pick up your Brown Bag? <i>Required</i>
Would you like someone from The Food Bank to contact you about SNAP enrollment? <i>Optional</i>	Delivery/Satellite Site <i>Optional – pre-authorization may be required.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Members' Information (Please use the back of form if more space is needed. Please include all information requested below.)

Name <i>Required</i>	Year of Birth <i>Required</i>	Monthly Income <i>Required</i>	Gender <i>Optional</i>	Race/Ethnicity <i>Optional</i>	Name <i>Required</i>	Year of Birth <i>Required</i>	Monthly Income <i>Required</i>	Gender <i>Optional</i>	Race/Ethnicity <i>Optional</i>

By my signature below, I certify that all of the information listed on all sides of this form is true and correct.

Signature _____ Date _____

Date Application Received:	Date entered into Oasis:	Staff Initials:	Notes:
Accepted? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date letter sent:	Site:	

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