



For office use only -

Date Received: _____ Approved: _____

Declined due to: _____

Distribution Site: _____ NC SC

Brown Bag Program Application

Thank you for applying to the Brown Bag Program. In order to qualify as a recipient, each applicant must be **over 60 years old** and **must self-certify** that they make below the following Emergency Food Assistance Program (EFAP) Maximum Income Guidelines listed below.

Name(s): _____ Birthdate(s): _____ Phone: _____

Address: _____ City: _____ Zip: _____ Gender: M / F

Monthly household income of Applicant(s): \$ _____ Are you the head of the Household? YES NO

Ethnicity (Circle all that applies): African American American Indian Asian Caucasian

Latino Pacific Islander Other: _____

Local Emergency Contact: _____ Phone: _____

I verify that all the information provided is true and promise to adhere to the following guidelines (please read and initial each of the following items):

___ I agree that my household income does not exceed monthly EFAP Income Guidelines.

EFAP Maximum Income Guidelines are: Individual - \$1,471.25 Couple - \$1,991.25

___ I agree that I will not receive food from any other USDA Food Distribution agencies.

___ I agree to inform the Foodbank of change to my personal contact information.

___ I understand it is my responsibility to pick up my Brown Bag at my assigned distribution site unless other arrangements have been made.

___ I will inform the Foodbank if I will be out of town or otherwise unable to receive my Brown Bag **minimum 48 hours prior** to the next distribution. I understand that after 3 missed pickups, I will be dropped from the program and must apply again.

By signing this agreement, I understand that by not complying with the guidelines listed that it will result in the consequences listed.

Signature of Applicant

Date

**Please return application to: Foodbank of Santa Barbara County Attn: Brown Bag Program
4554 Hollister Ave | Santa Barbara, CA 93110 | PH 805.967.5741x102 | FX 805.683.4951**