



**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](mailto: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**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Physical Address</b>	<b>City</b>	<b>State</b>
		<b>Zip</b>

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 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 \_\_\_\_\_

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

**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 (S)	
PHONE (S)		RENT TO OWN	
CABLE/INTERNET		OTHER (DESCRIPTION)	
CAR NOTE (S)		OTHER AMOUNT	
AUTO INSURANCE		OTHER (DESCRIPTION)	
AUTO FUEL		OTHER AMOUNT	
HEALTH INSURANCE		OTHER (DESCRIPTION)	
PERScription (S)		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:

\_\_\_\_\_