



## Community Food Bank of Eastern Oklahoma Senior Servings Program Application



Application must include 2017 proof of age and income.

Senior Servings Site: Caring Community Friends, Inc.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print) Last First

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Are you a U.S. military veteran? \_\_\_\_ Yes \_\_\_\_ No

Number of adults in your household (including you): \_\_\_\_\_

Number of children in your household (aged 0-18): \_\_\_\_\_

I can pick up my bag at the Senior Servings distribution site: \_\_\_\_ Yes \_\_\_\_ No

If no, please explain \_\_\_\_\_

### Program Qualifications

As a member of the Senior Servings Program, I agree to the following terms:

1. I am at least 60 years old
2. I meet the following monthly income requirements:

| Number of People in the Household | Maximum Monthly Income |
|-----------------------------------|------------------------|
| 1                                 | \$1,832                |
| 2                                 | \$2,470                |
| 3                                 | \$3,108                |
| 4                                 | \$3,746                |

3. I agree to allow the Site Coordinator to provide my proof of income to the Food Bank.
4. I agree not to sell or offer for sale any food product I receive through the Senior Servings Program.
5. I understand that if I miss more than one month without notifying the Site Coordinator, my bag will be on hold until I contact the Site Coordinator.
6. I agree to release the Community Food Bank of Eastern Oklahoma, Feeding America, and the original donor from all liabilities, damages, losses, claims, causes of action and lawsuits rising out of or attributed to any action of myself or persons consuming the food.

I have read and completed this Senior Servings Program application and certify that all the information on this application is true, correct and complete.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed application and proof(s) of income and age to the Site Coordinator.**