



FOOD Share Brown Bag Application

FOR OFFICIAL USE ONLY	
Site Code:	_____
Member No.	_____
Age Verified by:	_____
Address Verified by:	_____
Income Verified by:	_____
Approved:	___ Yes ___ No
Date:	_____ By: _____

APPLICATION MUST INCLUDE PROOF OF INCOME AND AGE

**If married, both persons must submit
Proof(s) of income and age.**

Applicant

Name: _____ Sex: ___ Male ___ Female
(Please Print) Last First

Address: _____ City and Zip: _____

Home/Cell Phone #: _____ Date of Birth: ___/___/___ Monthly Income: \$ _____

Female head of household? ___ Yes ___ No Marital Status _____ # in Household (Including you): _____

Emergency Contact Name: _____ Phone #: _____

Are you disabled/homebound? ___ Yes ___ No If yes, please explain: _____

If married please list your spouse and complete spouse's ethnicity information below.

Name: _____ Sex: ___ Male ___ Female
(Please Print) Last First

Date of Birth: ___/___/___ Monthly Income: \$ _____

Ethnicity: Please write "S" for self and "Sp" for spouse.

American Indian/Alaska Native
 American Indian/Alaska Native & White
 Asian
 Asian and White
 Black/African American
 Black/African American & White
 White
 American Indian/Alaska Native & Black/African American
 Native Hawaiian/Pacific Islander
 Other: _____ Are you Hispanic? ___ Yes ___ No
 (Please specify)

Program Qualifications

As a member of the Brown Bag Program, I agree to the following terms:

- I am at least 60 years old.
- I meet the following income/asset requirements:
 - Single person: monthly income \$1,169 or less and cash assets of \$2,000 or less.
 - Married couple: combined monthly income \$2,189 or less and cash assets of \$3,000 or less.
- I agree not to sell or to offer for sale any food product I receive through the Brown Bag Program.
- If I miss **MORE THAN 4 WEEKS** without notifying the Brown Bag Office or Site Coordinator, my Brown Bag will be on hold until I call the Food Share Office at 983-7100 ext. 133.
- I agree to release both the FOOD Share donor and the Brown Bag Program from any liability resulting from the condition of the food. I further agree to release FOOD Share and the Brown Bag program from all liabilities, damages, losses, claims, causes of action and law suits rising out of or attributed to any action of myself or persons consuming the food.

I HAVE READ AND COMPLETED THE BROWN BAG APPLICATION AND CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature Required: _____ Date: _____

**Mail completed application and proof(s) of income and age to:
FOOD Share, 4156 Southbank Rd., Oxnard, CA 93036**