

**Application**

\_\_\_\_\_Pantry \_\_\_\_\_Sr. No.

**Adopt-A-Senior Food Program  
The Food Bank of Northeast Louisiana  
P.O. Box 5048  
Monroe, LA 71211**

**Senior's Information**

**YOU MUST INCLUDE PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Senior's Name:  
Mr. Mrs. Ms. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Total monthly gross income for all household members: \_\_\_\_\_

Total number of persons living in household: \_\_\_\_\_

List all persons living in the household **INCLUDING SELF:**

Name:	Age	Social Security No. (OPTIONAL):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and Phone Number of additional contact person:  
\_\_\_\_\_

Applicant's signature \_\_\_\_\_

**I certify the above information is true and complete and I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.**

**FAILURE TO PROVIDE COMPLETE INFORMATION, INCLUDING YOUR SIGNATURE AND PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS, CAN RESULT IN YOUR APPLICATION BEING RETURNED AND CAUSING PROCESSING DELAYS. Participation in the Adopt-A-Senior program makes the applicant ineligible to receive additional USDA commodities from any other source that is issued through TEFAP (The Emergency Feeding Assistance Program). This does not apply to USDA commodities received through the "Food For Seniors" program.**