

BROWN BAG OF THE WIREGRASS

382 TWITCHELL ROAD
DOTHAN, ALABAMA 36303
(334) 794- 4499/9775
(334) 794-6941 FAX

Dear Brown Bag Applicants,

The Social Security Office requires that we have each applicant for the Brown Bag Program sign a consent for release of personal information. This form must be filled out if you want the Social Security office to release the information or records about you for the Wiregrass Area Food Bank Brown Bag Program. The new forms will help prevent identity theft.

How to complete this form:

This form must be completed, front and back, and signed only by the person applying for the program, the person to whom the information or record applies, or the parent or legal guardian of a minor to whom the nonmedical information applies specifically for the BROWN BAG PROGRAM. The person applying must be sixty (60) years old or older.

INCOME REQUIREMENT:

One (1) in household \$871 or under

Two (2) in household \$1,242 or under

Three (3) in household \$1,351 or under

To complete this form:

- *Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.*
- *Sign and date the form. If you are not the person whose records need to be released, please state your relationship to that person.*
- *Send verification of your income.*
- *Mail completed applications to: Wiregrass Area Food Bank, Attn: Brown Bag Program, 382 Twitchell Road, Dothan, AL 36303.*

Respectfully yours,

Monica Graham-Jackson

mjackson@wiregrassfoodbank.com

The Wiregrass Area Food Bank is an equal opportunity provider.

WIREGRASS AREA FOOD BANK BROWN BAG PROGRAM APPLICATION

Name _____ Telephone # _____
 Street Address _____ City & Zip _____
 Social Security # _____ / _____ / _____ Number in Household _____
 Other Social Security # Used _____ / _____ / _____ Date of Birth _____ / _____ / _____
 Monthly Social Security/SSI Payment Amount _____

1) _____
 Name (Head of Household) Date of Birth Social Security Number SS/SSI Payment
 2) _____
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment
 3) _____
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment
 4) _____
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment

PRIMARY TRANSPORTATION
 (check all that apply to you)

_____ Drive your own car
 _____ Wiregrass Transit
 _____ Taxi
 _____ Friend/Relative
 _____ Pay someone to take you

LIVING ARRANGEMENTS
 (check only ONE)

_____ Homeowner
 _____ Renter
 _____ Public Housing/HUD
 _____ Senior Citizen Housing
 _____ Living In Household of Another/Section 8 (Amount you pay _____)

HOUSEHOLD COMPOSITION
 (check all that apply)

_____ Live Alone
 _____ With Spouse
 _____ With Relative
 _____ With Children
 _____ With Grandchild
 _____ With Non-Relative

Name and telephone number of closest non-relative:

Name: _____ **Phone Number:** _____
 Do you receive any groceries from any other sources? Yes _____ No _____
 (example: Church, Salvation Army, OCAP, HRDC, etc.) If yes, then where? : _____

CONSENT FOR RELEASE OF INFORMATION TO THE BROWN BAG PROGRAM

I authorize the Social Security Administration to release information/records about me and my family members to the Wiregrass Area Food Bank Brown Bag Program. I want this information released because it will help me and/or my family members to receive supplemental groceries. I am the individual whom the information/record affects. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both. I certify that to the best of my knowledge the information provided on this form is true and complete, and I give my consent for the Brown Bag Program to verify my income, name, date of birth and living arrangements as needed through the Social Security Administration.

Signature _____ Date _____
 (Show signatures, names, and addresses of two of the people if signed by a mark (x) below)

1. _____
 2. _____
 Relationship

Head of Household

Name: _____ DOB: ___/___/___ Social Security #: _____
Address: _____ City: _____ ST: __ Zip: _____ Phone: _____

MONTHLY INCOME (Fill in dollar amounts for ones that apply to you.)

Social Security \$ _____ SSI \$ _____
Pension \$ _____ Food Stamps \$ _____
Retirement \$ _____ Medicaid Circle yes or no
Veteran’s Benefit \$ _____ QMB/SLMB Circle yes or no
Foster Grandparents \$ _____ Medicare Circle yes or no
Paid Employment \$ _____ Other (Explain) \$ _____
Receives free medicine/RX Discount Card? Circle: yes no

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ALL HOUSEHOLD MONTHLY EXPENSES (Fill in dollar amounts for ones that apply to you.)

Rent/Mortgage \$ _____ Telephone \$ _____
Electric/Water \$ _____ Cable TV \$ _____
Doctor \$ _____ Car Payment \$ _____
Medicine \$ _____ Gas – Home \$ _____
Medical Insurance \$ _____ Transportation \$ _____
Life Insurance \$ _____ Other (Explain) \$ _____
Home Insurance \$ _____

.....
Spouse

Name: _____ DOB: ___/___/___ Social Security #: _____
Address: _____ City: _____ ST: __ Zip: _____ Phone: _____

MONTHLY INCOME (Fill in dollar amounts for ones that apply to you.)

Social Security \$ _____ SSI \$ _____
Pension \$ _____ Food Stamps \$ _____
Retirement \$ _____ Medicaid Circle yes or no
Veteran’s Benefit \$ _____ QMB/SLMB Circle yes or no
Foster Grandparents \$ _____ Medicare Circle yes or no
Paid Employment \$ _____ Other (Explain) \$ _____
Receives free medicine/RX Discount Card? Circle: yes no

Signature: (Form must be signed to be considered!)

1. _____ 2. _____
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

Complete the next page for all additional members of your household.

All Other Members of Household

Name: _____
Social Security # _____/_____/_____ Date of Birth: _____/_____/_____
MONTHLY INCOME (Fill in dollar amounts for ones that apply to you.)
Social Security \$ _____ SSI \$ _____
Pension \$ _____ Food Stamps \$ _____
Retirement \$ _____ Medicaid circle yes or no
Veteran's Benefits \$ _____ QMB/SLMB circle yes or no
Foster Grandparents \$ _____ Paid Employment \$ _____
Child Support \$ _____ Other (Explain) \$ _____

Signature: (Form must be signed to be considered!)

1. _____ 2. _____
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

.....

Name: _____
Social Security # _____/_____/_____ Date of Birth: _____/_____/_____
MONTHLY INCOME (Fill in dollar amounts for ones that apply to you.)
Social Security \$ _____ SSI \$ _____
Pension \$ _____ Food Stamps \$ _____
Retirement \$ _____ Medicaid circle yes or no
Veteran's Benefits \$ _____ QMB/SLMB circle yes or no
Foster Grandparents \$ _____ Paid Employment \$ _____
Child Support \$ _____ Other (Explain) \$ _____

Signature: (Form must be signed to be considered!)

1. _____ 2. _____
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

.....

Name: _____
Social Security # _____/_____/_____ Date of Birth: _____/_____/_____
MONTHLY INCOME (Fill in dollar amounts for ones that apply to you.)
Social Security \$ _____ SSI \$ _____
Pension \$ _____ Food Stamps \$ _____
Retirement \$ _____ Medicaid circle yes or no
Veteran's Benefits \$ _____ QMB/SLMB circle yes or no
Foster Grandparents \$ _____ Paid Employment \$ _____
Child Support \$ _____ Other (Explain) \$ _____

Signature: (Form must be signed to be considered!)

1. _____ 2. _____
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)