



July 1, 2021 – June 30, 2022 Food Distribution Program Application

The SENIOR Food Distribution Program provides a mixture of meat, poultry, fish, fruits, vegetables, dry goods, and canned groceries on a bi-weekly basis to senior citizens who are 55 years of age and older. Seniors must reside in Signal Hill and meet the program’s income criteria. Please complete the information below and the attached Public Service Self-Certification Form in its entirety.

Once completed please submit it to the

Community Services Department, 1800 E. Hill Street, Signal Hill 90755

Forms and documents may also be emailed to comservices@cityofsignalhill.org or faxed to: 562-989-7394

Program Guidelines:

- The program operates on a first come, first serve basis. Extremely low and low income Signal Hill residents are eligible for the program, others will be considered as funding is available. A waitlist will be established once the program is filled to its maximum capacity.
Participant’s income is determined by the sum of all adults with income in the household.
If participant is not available to pick-up the box of groceries, call (562) 989-7330 the day before distribution day to notify staff.
Participant will be removed from the program if he/she/they misses 3 distributions in a row. Once removed participants may reapply for the following Fiscal Year which begins July 1 or he/she/they will be placed on the waitlist.
Participant may be asked to resubmit documents during the program year to verify continued eligibility.

Applicants must provide current copies of the following information with this application:

- Proof of Signal Hill residency (Current Utility Bill)
- Income certification
- Verification of age
- Photo ID

PARTICIPANT INFORMATION: Please print

Number of persons in household: Household Income:

Last Name: First Name:

Street Address: City: Signal Hill Zip: 90755

Daytime Phone No.: Evening No.:

Birth date:

Email:

EMERGENCY CONTACT PERSON:

Last Name: First Name:

Daytime Phone No.: Evening No.:

HOUSEHOLD INFORMATION:

Do you have any dietary restrictions (allergies, etc): YES NO

List:

For information please contact the Community Services Department (562) 989-7330.

**AGE VERIFICATION
NON-HOUSING PROGRAM SELF-CERTIFICATION FORM**

Agency Name: City of Signal Hill

Project Name/No.: Food Distribution

Applicant Name: (Please print) _____

Address: _____

Date of Birth: _____

**THIS IS A FEDERALLY-FUNDED PROGRAM. FOR REPORTING PURPOSES ONLY,
PLEASE PROVIDE THE FOLLOWING DEMOGRAPHIC INFORMATION**

<p>Racial Background Mark X next to the category that best describes your origin.</p> <p>Single Categories</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>Double Categories</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND White</p> <p><input type="checkbox"/> Asian AND White</p> <p><input type="checkbox"/> Black or African American AND White</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black or African American</p> <p><input type="checkbox"/> Other – for individuals not identified above</p>

<p>Ethnic Background Mark X next to the category that best describes your ethnicity.</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino</p>
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<p>Household Information – Check one</p> <p><input type="checkbox"/> A female heads the household where this client resides.</p> <p><input type="checkbox"/> A male heads the household where this client resides.</p>

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

Applicant's Signature _____ Date _____

Agency's Approval _____ Date _____

Approver's Name Alison Dobay
(Please Print)

Position Community Services Manager