



July 1, 2020 – June 30, 2021 Food Distribution Program Application

The **FAMILY Food Distribution Program** provides meat, poultry, fish, fruits, vegetables, dry goods, and canned groceries on a weekly basis to families who 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. For Information please contact the Community Services Department (562) 989-7330.

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: 562-989-7393

Program Guidelines:

- The program operates on a first come, first served 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 receive 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 misses 3 distributions in a row. Once removed participants may reapply for the following Fiscal Year which begins July 1 or he/she will be placed on the waitlist.
- Participant may be asked to resubmit documents during the program year to verify continued eligibility.
- Participants must be home during delivery times of **10:00 a.m. – 11:30 a.m. on Tuesdays**. Groceries will be left on porch to avoid any contact between staff and participants; promptly unpack and store perishable items.

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*

Household Income: _____
 Total Number of persons in household: _____ **Ages:** 0-4 _____ 5-17 _____ 18-55 _____ 55+ _____
 Last Name: _____ First Name: _____
 Street Address: _____ City: Signal Hill Zip: 90755
 Daytime Phone No.: _____ Evening No.: _____
 Birth date: _____ Circle: Male OR Female
 Email: _____

EMERGENCY CONTACT PERSON

Last Name: _____ First Name: _____
 Daytime Phone No.: _____ Evening No.: _____

Household INFORMATION:

Which appliances do you have? : MICROWAVE _____ OVEN _____ STOVETOP _____
 Do you have any dietary restrictions (allergies, etc): YES _____ NO _____
 LIST: _____

OFFICE USE ONLY: DATE APPROVED: _____ STAFF INITIALS: _____ Track # _____ Start Date: _____

**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