

**THE EMERGENCY FEEDING ASSISTANCE PROGRAM COMMODITY APPLICATION**

Name of Head of Household: \_\_\_\_\_

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

Number in the Household: \_\_\_\_\_ Income of the Household \_\_\_\_\_

| House hold Size               | Income Per Month |
|-------------------------------|------------------|
| 1                             | \$2,322          |
| 2                             | \$3,152          |
| 3                             | \$3,981          |
| 4                             | \$4,810          |
| 5                             | \$5,640          |
| 6                             | \$6,469          |
| 7                             | \$7,299          |
| 8                             | \$8,128          |
| Each Additional Family member | +\$830           |

**Please read:** I certify that my monthly gross household income is at or below the guideline listed, based on the number in my household. I also certify that, as of today, my household resides in the geographic area served by this Kentucky Emergency Food Assistance Program agency as determined by the administrating Food Bank and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. I understand that making false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Please check that you have read the above statement: Yes  No

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.