TEMPORARY COMMODITY APPLICATION REGISTER
KENTUCKY DEPARTMENT OF AGRICULTURE, DIVISION OF FOOD DISTRIBUTION

1. Month/Year: _____

2. Agency: _____

Address:_____

City: _____Zip:_____

County:_____

3. Agency Rep:_____

4. APPLICANTS – PLEASE READ

I certify that my monthly gross household income is at or below the guideline listed in column 5 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.

5. Household Size_____	Income Per Month
1.....	$1,968
2.....	$2,658
3.....	$3,349
4.....	$4,040
5.....	$4,730
6.....	$5,421
7.....	$6,112
8.....	$6,802
Each additional family member	+ $691

6. Check Distribution Rate Used:
____ Monthly
____ Bi-Monthly
____ Quarterly

7. Denial Code:
01 - Excess Income
02 - Previously Participated (Same Month)
03 - Not a Resident of Area

8. Issue Date	9. Applicant's Name (Print)	10. Address	11. # in House-hold	12. Denial Code	13. Applicant/Authorized Signature

Number of Household Denied: _____ Number of Households Approved: _____

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8. Issue Date	9. Applicant's Name (Print)	10. Address	11. # In House-hold	12. Denial Code	13. Applicant/Authorized Signature

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(KY-FD-30-FB) INSTRUCTIONS FOR COMPLETING
Rev. 02/18 THE COMMODITY APPLICATION REGISTER

PURPOSE: The KY-FD-30-FB is a form completed by the worker, to be used as an application register for the participation of households in the Commodity Program.

GENERAL PROCEDURE: The form is prepared in the original only by the worker during a face-to-face interview with the applicant/authorized representative. Please number pages in upper right corner prior to distribution.

DETAILED PROCEDURES FOR ENTRIES ON FORM:

l. DATE
Enter month and year application register is being completed.

2. AGENCY/ADDRESS
Enter name, address, and county of agency accepting applications.

3. AGENCY REPRESENTATIVE
Enter name of worker completing form.

4. APPLICANTS, PLEASE READ
For confidentiality purposes, this section should be read to each applicant household.

5. HOUSEHOLD SIZE/INCOME LIMIT
Review for each applicant household. Note: Income limit is subject to change as food stamp criteria changes.

6. DISTRIBUTION
Check appropriate entry.

7. DENIAL
Enter appropriate code in column 12 if application is denied.

8. ISSUANCE DATE
Enter actual date food is issued.

9. APPLICANT NAME
Print name of applicant for commodities.

10. ADDRESS
Enter address of applicant.

11. NUMBER IN HOME
Enter total number of person residing in applicant's household.

12. DENIAL
Enter appropriate code if application is denied (see item 7).

13. APPLICANT/AUTHORIZED SIGNATURE
Applicant or authorized representative signs their own name. If authorized representative, the representative will need to show some type of personal identification; a signed, dated statement from the intended recipient plus one form of identification for the intended recipient. When applicant/authorized representative is signing the register, care must be taken to ensure other names included on the register can not be seen. This is for confidentiality purposes.