



**Community Food Bank of Eastern Oklahoma
Senior Servings Program Requirements 2015**

**Distribution Site: SOUTH TULSA COMMUNITY HOUSE
5780 S. Peoria Ave., Tulsa, OK 74105
(918) 742-5597**

1. Applicant must be 60 years of age or older.
2. Monthly income requirements:

Number of People in the Household	Maximum Monthly Income
1	\$1,815
2	\$2,456
3	\$3,097
4	\$3,739

3. Must provide a current photo I.D.
4. Must provide proof of income for ALL household members. Some examples of proof include:
 - a. Yearly statement from Social Security showing monthly benefits amount.
 - b. Yearly statement from Veteran’s Affairs showing monthly benefits amount.
 - c. 1 month bank statement showing all deposits (make sure account number is marked out)
 - d. paycheck stub(s)
 - e. other proofs of income may be accepted on a case-by-case basis

Pick up of groceries are on the **first (1st) and third (3rd) Wednesday of each month**. If you miss 3 pick ups in a row, you will be removed from the Program.

If you are unable to make your pick-ups, you may fill out a Permission to Pick Up form which will allow for someone else to pick up your Senior Servings groceries on your behalf.



Community Food Bank of Eastern Oklahoma Senior Servings Program Application



Application must include 2015 proof of age and income

Name: _____ Primary Phone Number: _____
 (Please Print) Last First

Address: _____ City and Zip: _____

Date of Birth: ____/____/____ Gender: ___ Male ___ Female

Are you a U.S. military veteran? ___ Yes ___ No

Number of adults in your household (including you): _____

Number of children in your household (aged 0-18): _____

I can pick up my bag at the Senior Servings distribution site: ___ Yes ___ No

If no, please explain _____

Program Qualifications

As a member of the Senior Servings Program, I agree to the following terms:

1. I am at least 60 years old
2. I meet the following monthly income requirements:

Number of People in the Household	Maximum Monthly Income
1	\$1,815
2	\$2,456
3	\$3,097
4	\$3,739

3. I agree to allow the Site Coordinator to provide my proof of income to the Food Bank.
4. I agree not to sell or offer for sale any food product I receive through the Senior Servings Program.
5. I understand that if I miss more than one month without notifying the Site Coordinator, my bag will be on hold until I contact the Site Coordinator.
6. I agree to release the Community Food Bank of Eastern Oklahoma, Feeding America, and the original donor from all liabilities, damages, losses, claims, causes of action and lawsuits rising out of or attributed to any action of myself or persons consuming the food.

I have read and completed this Senior Servings Program application and certify that all the information on this application is true, correct and complete.

Signature Required: _____ Date: _____

Please return the completed application and proof(s) of income and age to the Site Coordinator.

Community Food Bank of Eastern Oklahoma

South Tulsa Community House: a Senior Servings Program Distributor

PERMISSION TO PICK UP BAG OF GROCERIES

This form is required to be on file with the Senior Servings Program Site Coordinator (South Tulsa Community House) before anyone can pick up a bag for you. Your permission may be revoked at any time either in person or by telephone. If you wish to change the name of the person who will pick up your bag, please complete a new form and check the “Change in Permission” line below.

I give permission for (print name of person): _____

to pick up my food bag for me.

This is:

_____ New Permission

_____ Change in Permission

Client Signature

Date: _____

Address: _____

Print your name clearly: _____