

Bristol Bay Native Association  
Regional Food Bank  
503 Woodriver Road  
P.O. Box 310  
Dillingham, Alaska 99576  
(907) 842-3663 or Toll Free: 1-888-918-3663  
BBNA Social Services: (907) 842-4139 or Toll Free 1-800-478-4139  
Fax: (907) 842- 4106

Instructions for completing the Application for Food Bank:

1. Fill out and sign the application **COMPLETELY**  
(As a note Head of Household signs the application)
2. All household members **18 years** and older **MUST** sign a Release of information form (included in the application), Please make copies of this form as needed.
3. Provide copies of 12 month **income verification** for all household members 18 yrs and older, Examples: Previous Year Tax Papers, Most recent paycheck stub, fishing statements, corporation dividend stubs, etc.
4. Fax or mail the completed application and necessary paperwork to the BBNA Regional Food Bank at the address indicated above.

For any questions regarding the application process or for assistance with filling out the application please contact: Barbara Nunn, Food Bank Coordinator at either of the phone numbers above. Thank you

**USDA Application and Registration  
FY2010**

**Food Bank of Alaska  
2121 Spar Avenue  
Anchorage, AK 99501  
Phone 272-3663 Fax 277-7368**

**Please print names of all household members, applicant first!!**      Date \_\_\_\_\_, 20\_\_

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. Last _____ First _____ MI _____ | 7. Last _____ First _____ MI _____  |
| 2. Last _____ First _____ MI _____ | 8. Last _____ First _____ MI _____  |
| 3. Last _____ First _____ MI _____ | 9. Last _____ First _____ MI _____  |
| 4. Last _____ First _____ MI _____ | 10. Last _____ First _____ MI _____ |
| 5. Last _____ First _____ MI _____ | 11. Last _____ First _____ MI _____ |
| 6. Last _____ First _____ MI _____ | 12. Last _____ First _____ MI _____ |

Residence Address \_\_\_\_\_

Mailing (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number in Household \_\_\_\_\_ Phone \_\_\_\_\_

Household Size/Maximum Household Benefits					
#	Monthly	Yearly	#	Monthly	Yearly
1	\$2,086	\$25,031	7	\$6,415	\$76,979
2	\$2,808	\$33,689	8	\$7,137	\$85,637
3	\$3,529	\$42,347	9	\$7,859	\$94,295
4	\$4,251	\$51,005	10	\$8,581	\$102,953
5	\$4,972	\$59,663	11	\$9,303	\$111,611
6	\$5,694	\$68,321	12	\$10,025	\$120,269
For each additional family member, add:				+\$722	+\$8,658

**I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA commodities according to current income guidelines.**

**COMMODITIES CAN ONLY BE RECEIVED FROM ONE USDA AGENCY IN ANY GIVEN MONTH.**

Applicant Signature: \_\_\_\_\_

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**For intake workers use only: Please print!!**

Agency number: \_\_\_\_\_

Verification of address:    Yes \_\_\_\_\_ No \_\_\_\_\_    Verification of income:    Yes \_\_\_\_\_ No \_\_\_\_\_

Food Stamp Card:            Yes \_\_\_\_\_ No \_\_\_\_\_

Interviewer (please print): \_\_\_\_\_

## OTHER HOUSEHOLD MEMBERS

Name	Birth date	Did you Receive a PFD?	In the past 12 months have they received any income?	Total income
1.				
2.				
3.				
4.				
5.				
6.				

Do you receive any of these please circle if so

ATAP

Food stamp

TANF

W.I.C.

Denali kid Care

The following questions are optional to help determine what specialized foods we can send.

Do you or any one in your house hold have diabetes ( ) YES ( ) NO

Food Allergies ( ) Y ( ) N if yes what kind \_\_\_\_\_

Do you have a milk preference? (Keep in mind only if available)

( ) UHT box milk ( ) Powdered ( ) Soy

**I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action**

SIGNATURE OF APPLICANT	WITNESS IF SIGNED WITH AN "X"	TODAY'S DATE
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Bristol Bay Native Association  
REGIONAL FOOD BANK  
AUTHORIZATION FOR RELEASE OF INFORMATION

Food Bank  
P.O. Box 310  
Dillingham, AK 99576  
(907) 842-3663  
1-888-918-3663  
Fax (907) 842-1092

I, \_\_\_\_\_, hereby authorize the following to exchange  
(Client Name)

information between BBNA Social Services

\_\_\_\_\_ Program and  
Example: (General Assistance, ICWA, Other)

\_\_\_\_\_ Agency/Program.  
Example: (OSC, ATAP, ICWA, Other)

My Date of Birth is \_\_\_\_\_  
(Month - Day - Year)

The Information to be released is:

\_\_\_\_\_  
\_\_\_\_\_

The Information is valid until: \_\_\_\_\_  
(Month - Day - Year)

The Specific Purpose of this Release is to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I have the right to revoke this consent at any time except to that action has been taken in reliance on it.

Client Signature

Date of Client Signature

Signature of Witness