

**Demo Food Bank, Inc.**1414 South Bay Street Winfield CA 90058  
Phone: 323-555-3535 Fax: 323-555-8294**CSFP Kit Issuance Tracking System**  
**Seniors****APPLICATION NO.**  
**012345**Enrollment Type: **NEW**Enrollment Date: **02/13/2004**

CLIENT INFORMATION			
Last Name:	Smith	Income Sources	
First Name:	Barbara		
Address:	535 North Main Street	1)	\$675
City:	Los Angeles	2)	\$421
State:	CA	3)	
Zip Code:	90035-	4)	
Phone:	323-555-1212		
	323-555-1884		
ID Number:	A087369	>>	\$1,096
ID Type:	CA DL	Receiving:	
Ethnicity:	Caucasian	<input type="checkbox"/> - CALWORKS	
		<input type="checkbox"/> - FOOD STAMPS	
People in HH:	2	<input type="checkbox"/> - MEDI-CAL	

RATES			
FAM. SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$11,674	\$973	\$225
2	\$15,756	\$1,313	\$303
3	\$19,838	\$1,654	\$382
4	\$23,920	\$1,994	\$460
5	\$28,002	\$2,334	\$539
6	\$32,084	\$2,674	\$617
7	\$36,166	\$3,014	\$696
8	\$40,248	\$3,354	\$774
Each addn'l	\$4,082	\$341	\$79

MEMBERS LIST								
LAST NAME	FIRST NAME	SEX	BIRTH DATE	KIT#	KIT DESCRIPTION	AGE VERIFIED BY	PREGNANCY VERIFICATION	PRI-MARY
Smith	Barbara	F	10/15/1927 76 years, 3 months old	6	Seniors	CA DL		<input checked="" type="checkbox"/>
Smith	Tom	M	04/07/1928 75 years, 10 months old	6	Seniors	CA DL		<input type="checkbox"/>

This certification form is being completed in connection with the receipt of Federal Assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

**Barbara Smith**  
PRINT NAME

SIGNATURE

*Sample Sign***06/14/2004**  
DATE**AUTHORIZATION BY PROXY**

I understand that I must pick up my food regularly or I will be terminated from the CSFP program. In the event I am unable to pick up my food boxes, please release them to:

<b>PROXY INFORMATION:</b>	Last Name: Jones	First Name: Mary	Phone: 323-555-1534
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PROXY SIGNATURE

*Proxy Signature***06/14/2004**  
DATE**OFFICE USE ONLY:**

I have seen the documentation to verify the information above.

John Anderson  
INTAKE WORKERLincoln Senior Center  
SITE**COMMENTS:**