

## BROWN BAG OF THE WIREGRASS

382 TWITCHELL ROAD  
DOTHAN, ALABAMA 36303  
(334) 794-9775 Ext. 104  
(334) 794-6941 FAX

Dear Brown Bag Applicants,

The Social Security Office requires that we have each applicant for the Brown Bag Program sign a consent for the release of personal information. This form must be filled out if you want the Social Security office to release the information or records about you for the Wiregrass Area Food Bank Brown Bag Program. The new forms will help prevent identity theft.

How to complete this form:

This form must be completed, front and back, and signed only by the person applying for the program, the person to whom the information or record applies, or the parent or legal guardian of a minor to whom the nonmedical information applies specifically for the BROWN BAG PROGRAM. The person applying must be sixty (60) years old or older.

### INCOME REQUIREMENT:

*One (1) in household \$1354 or less per month*

*Two (2) in household \$1832 or less per month*

*Three (3) in household \$2311 or less per month*

To complete this form:

- *Fill in the name, date of birth, and Social Security number of the person to whom the information applies.*
- *Sign and date the form. If you are not the person whose records need to be released, please state your relationship to that person.*
- *Send verification of your income.*
- *Mail completed applications to: Wiregrass Area Food Bank, Attn: Brown Bag Program, 382 Twitchell Road, Dothan, AL 36303.*
- *Allow 8 to 10 weeks for information processing.*

Respectfully yours,

*Monica Graham-Jackson*

*mjackson@wiregrassfoodbank.com*

*The Wiregrass Area Food Bank is an equal opportunity provider.*

**WIREGRASS AREA FOOD BANK  
BROWN BAG PROGRAM APPLICATION**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City & Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Number in Household \_\_\_\_\_  
 Other Social Security # Used \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Monthly Social Security/SSI Payment Amount \_\_\_\_\_

1) \_\_\_\_\_  
 Name (Head of Household) Date of Birth Social Security Number SS/SSI Payment  
 2) \_\_\_\_\_  
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment  
 3) \_\_\_\_\_  
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment  
 4) \_\_\_\_\_  
 Name (Household Member) Date of Birth Social Security Number SS/SSI Payment

**PRIMARY TRANSPORTATION**  
 (check all that apply to you)

\_\_\_\_\_ Drive your own car  
 \_\_\_\_\_ Wiregrass Transit  
 \_\_\_\_\_ Taxi  
 \_\_\_\_\_ Friend/Relative  
 \_\_\_\_\_ Pay someone to take you

**HOUSEHOLD COMPOSITION**  
 (check all that apply)

\_\_\_\_\_ Live Alone  
 \_\_\_\_\_ With Spouse  
 \_\_\_\_\_ With Relative  
 \_\_\_\_\_ With Children  
 \_\_\_\_\_ With Grandchild  
 \_\_\_\_\_ With Non-relative

Name and telephone number of closest Non-relative:

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 Do you receive any groceries from any other sources? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (example: Church, Salvation Army, OCAP, HRDC, etc.) If yes, then where? : \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION TO THE BROWN BAG PROGRAM**

I authorize the Social Security Administration to release information/records about me and my family members to the Wiregrass Area Food Bank Brown Bag Program. I want this information released because it will help me and/or my family members to receive supplemental groceries. I am the individual whom the information/record affects. I declare under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both. I certify that to the best of my knowledge the information provided on this form is true and complete, and I give my consent for the Brown Bag Program to verify my income, name, date of birth and living arrangements as needed through the Social Security Administration.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Show signatures, names, and addresses of two of the people if signed by a mark (x) below)

1. \_\_\_\_\_

2. \_\_\_\_\_  
 Relationship

**Head of Household**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**MONTHLY INCOME** (Fill in dollar amounts for ones that apply to you.)

Social Security	\$ _____	SSI	\$ _____
Pension	\$ _____	Food Stamps	\$ _____
Retirement	\$ _____	Medicaid	Circle yes or no
Veteran's Benefit	\$ _____	QMB/SLMB	Circle yes or no
Foster Grandparents	\$ _____	Medicare	Circle yes or no
Paid Employment	\$ _____	Other (Explain)	\$ _____
Receives free medicine/RX Discount Card?		Circle: yes no	

**ALL HOUSEHOLD MONTHLY EXPENSES** (Fill in dollar amounts for ones that apply to you.)

Rent/Mortgage	\$ _____	Telephone	\$ _____
Electric/Water	\$ _____	Cable TV	\$ _____
Doctor	\$ _____	Car Payment	\$ _____
Medicine	\$ _____	Gas – Car	\$ _____
Medical Insurance	\$ _____	Gas – Home	\$ _____
Life Insurance	\$ _____	Car Insurance	\$ _____
Home Insurance	\$ _____	Transportation	\$ _____
		Other (Explain)	\$ _____

**Spouse**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**MONTHLY INCOME** (Fill in dollar amounts for ones that apply to you.)

Social Security	\$ _____	SSI	\$ _____
Pension	\$ _____	Food Stamps	\$ _____
Retirement	\$ _____	Medicaid	Circle yes or no
Veteran's Benefit	\$ _____	QMB/SLMB	Circle yes or no
Foster Grandparents	\$ _____	Medicare	Circle yes or no
Paid Employment	\$ _____	Other (Explain)	\$ _____
Receives free medicine/RX Discount Card?		Circle: yes no	

Signature: (Form must be signed to be considered!)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

**Complete the next page for all additional members of your household.**

**All Other Members of Household**

Name: \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**MONTHLY INCOME** (Fill in dollar amounts for ones that apply to you.)  
Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Retirement \$ \_\_\_\_\_ Medicaid circle yes or no  
Veteran's Benefits \$ \_\_\_\_\_ QMB/SLMB circle yes or no  
Foster Grandparents \$ \_\_\_\_\_ Paid Employment \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ Other (Explain) \$ \_\_\_\_\_

Signature: (Form must be signed to be considered!)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

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Name: \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**MONTHLY INCOME** (Fill in dollar amounts for ones that apply to you.)  
Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Retirement \$ \_\_\_\_\_ Medicaid circle yes or no  
Veteran's Benefits \$ \_\_\_\_\_ QMB/SLMB circle yes or no  
Foster Grandparents \$ \_\_\_\_\_ Paid Employment \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ Other (Explain) \$ \_\_\_\_\_

Signature: (Form must be signed to be considered!)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)

.....

Name: \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**MONTHLY INCOME** (Fill in dollar amounts for ones that apply to you.)  
Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Retirement \$ \_\_\_\_\_ Medicaid circle yes or no  
Veteran's Benefits \$ \_\_\_\_\_ QMB/SLMB circle yes or no  
Foster Grandparents \$ \_\_\_\_\_ Paid Employment \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ Other (Explain) \$ \_\_\_\_\_

Signature: (Form must be signed to be considered!)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(2. WITNESS SIGNATURE FOR (X) MARK OF APPLICANTS)