**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 administering 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_____  
<table>
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<th>Income Per Month</th>
<th>Income Per Bi-Monthly</th>
<th>Income Per Quarterly</th>
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   1............. | $1,473 | $1,984 | $2,495 |
   2............. | $3,007 | $3,518 | $4,029 |
   3............. | $4,541 | $5,052 | + $512 |
   4............. | + $512 |
   5............. | + $512 |
   6............. | + $512 |
   7............. | + $512 |
   8............. | + $512 |

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 Household
12. Denial Code
13. Applicant/Authorized Signature

Number of Household Denied: _______  Number of Households Approved: _______

“USDA is an equal opportunity provider and employer.”
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INSTRUCTIONS FOR COMPLETING
THE COMMODITY APPLICATION REGISTER

Rev. 02/18

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:

1. **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.