

Westlake Park Senior Food Pantry

a Second Harvest of Silicon Valley and Daly City Recreation Services Collaboration

APPLICATION with SELF CERTIFICATON OF DALY CITY RESIDENCY, AGE, and ANNUAL INCOME

Instructions: For the purpose of eligibility determination, please complete this statement documenting your household's "Annual (Gross) Income", the number of members in the family or household, and the age category of each member. An adult beneficiary must sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Head of Household Information

First Name:		Last Name:			
Street Address:		City:			
State:	Zip code:	Phone:	Email:	Birth Date:	

Other Household Member Information

First Names:	Last Names:	DIS	50+	18-49	<18

DIS = Person with disabilities; **50+** = Person 50 years of age or older; **18-49** = Person between 18 and 49 years of age; **<18** = Child under the age of 18 years

Income Information Annual gross income (total of all members) = \$ _____

Please list any food bank programs in which you currently participate:

Certification

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the Daly City Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

For Office Use Only:

Date Approved _____ by _____. Appointment set for _____ at _____.

Nutritional Risk Assessment	Circle if yes
• I have an illness or condition that made me change the kind and / or amount of food I eat.	2
• I eat fewer than 2 meals per day.	3
• I eat few fruits or vegetables or milk products.	2
• I have 3 or more drinks of beer, liquor or wine almost every day.	2
• I have tooth or mouth problems that make it hard for me to eat.	2
• I don't always have enough money to buy the food I need.	4
• I eat alone most of the time.	1
• I take 3 or more different prescribed or over-the-counter drugs a day.	1
• Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
• I am not always physically able to shop, cook, and / or feed myself.	2
Declined to State or Answer	0
Total Score: (If equal to or greater than 6, the client is at high nutritional risk)	
Notes:	