

**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 administrating 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 _____  1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... Each additional family member	Income Per Month \$1,316 \$1,784 \$2,252 \$2,720 \$3,188 \$3,656 \$4,124 \$4,592 + \$468	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.”



**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.