KY-FD-30-FB (Rev. 02/23) Page _____ of ____

COMMODITY APPLICATION REGISTER KENTUCKY DEPARTMENT OF AGRICULTURE, DIVISION OF FOOD DISTRIBUTION

	RETTECHT	DETINITION OF HOME	COLIURE, DIVISION OF FOO.	D DISTINIDE II	011			
1. Month/Year:		4. APPLICANTS – PLEASE READ		5. Household Size	Income Per	6. C Used	heck Distribution:	on Rate
2. Agency:		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,		1	Month \$1,580 \$2,137 \$2,694 \$3,250 \$3,807 \$4,364	Monthly Bi-Monthly Quarterly		
City: Zip:		my household resides in this Kentucky Emergence agency as determined by and that I have not previou	7. Denial Code: 01 - Excess Income 02 - Previously Participated (Same Month)					
3. Agency Rep:		this month. This form is be with the receipt of Federa making false certification. State for the value of the and may subject me to cri and Federal law.	7 8 Each additional family member	\$4,921 \$5,478 + \$557	03 - 1	Not a Resident		
8.	9.		10.	11. 12.			13.	
Issue Date Applicant's (Prin			dress			# in House-hold	Denial Code	

Number of Household Denied: _____ Number of Households Approved: _____

8.	9.	10. 11. 12.	13.	
Issue Date	Applicant's Name (Print)	10. 11. 12. Address	# In House-	Denial
	(Print)		hold	Code
	` ,			
			 	
				
				

INSTRUCTIONS FOR COMPLETING THE COMMODITY APPLICATION REGISTER

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:

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. <u>DENIAL</u>

Enter appropriate code in column 12 if application is denied.

8. ISSUANCE DATE

Enter actual date food is issued.

9. <u>APPLICANT NAME</u>

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).