

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

1. Month/Year: _____	4. APPLICANTS – PLEASE READ	5. Household Size _____	6. Check Distribution Rate Used: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
2. Agency: _____	<p>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 Kentucky. 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.</p>		
Address: _____			
City: _____ Zip: _____			
County: _____			
3. Agency Rep: _____			
	5. Household Size _____	Income Per Month	6. Check Distribution Rate Used: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
	1.....	\$2,461	
	2.....	\$3,337	
	3.....	\$4,212	
	4.....	\$5,088	
	5.....	\$5,964	
	6.....	\$6,839	
	7.....	\$7,715	
	8.....	\$8,591	
	Each additional family member	+ \$876	
			7. Denial Code: 01 - Excess Income 02 - Not a Resident of Area

8.

9

10.

11.

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

“USDA is an equal opportunity provider and employer.”

8.

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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 **NUMBER IN HOME**
Enter total number of person residing in applicant's household.
11. **DENIAL**
Enter appropriate code if application is denied (see item 7).