Lassen County Council On Aging

Senior Food Voucher Application 2022

Application must be received by March 31, 2022 at 5pm

Applicant name:		Date of Birth:	Age:
Address:	City:	Zip:	
Phone Number:		Gender:	
Income (Per Month): \$income sources: Social Security, S			
Number of Persons in household:	Are	you Disabled: Yes	or No (circle one)
List ALL Others in Household: (in Name:	•		Income:
Name:	Date of Birth:		Income:
Name:	Date of Birth:		Income:
We would appreciate your respo	onse to the questions	below for our gra	ant funding:
What is the Highest level of educa	ation you have comple	eted:	
What type of Health Insurance do	you have?		
What is your Ethnicity? Hispanic	or Not Hispanic	Race?	
Are you a veteran?	Are you Employed?	No Full-Time	Part-Time
Do you: Rent Own Homeless			
Applicants must:			
 Be 62 or older as of 4-1-20 Be considered very low inc Live in Lassen County (V 	come	able at Susanville	Supermarket IGA)
Applications must be filled out co	mpletely. Incomplete	application will be	rejected.
Submit all applications to:			
LCCOA PO Box 168 Susanville, CassenAging@gmail.com 916-259-3266 Find us on Facebook: Lassen Court Applications can be dropped off at	nty Council on Aging		
Signature:		Date	::

Assistance is not a guarantee. Number of Vouchers is limited.