



www.feedtheelderly.org

Feed the Elderly Foundation

FIGHTING HUNGER. EXTENDING LOVE.

Castle of Mercy (1st Flr)

2/4 Adeola Odutola Road.

Obalende, Ijebu-Ode

Nigeria.

☎ 01 - 738 7249

team@feedtheelderly.org

FOOD ASSISTANCE BENEFITS - APPLY TODAY!

IT'S EASIER THAN YOU THINK!

HOW TO APPLY

To apply for Food Assistance Benefits, please fill out this application and return it to us. You should return the application to the point of collection for onward transfer to FTE Office where it will be reviewed. You may optionally, return the form to any FTE Office that serves your city, town or village. If you are not sure where the office is located, please call 01 738 7249 or visit our website at www.feedtheelderly.org.

IMPORTANT: We will accept your application if it contains your name, address (if you have one) and your signature. This minimal information will establish your application filing date. However, the remaining information on the form must be completed, and we must interview you to determine your eligibility. If you are eligible, your Food Assistance Benefits will start as of the date the Board of Trustees of FTE Foundation approved your case.

Please try to answer all the questions on the application correctly and truthfully. The more information we have, the quicker we will be able to act on your application. If you are not sure what a question means or how to answer it, leave it blank and we will talk about it during your interview. After we receive your application, we will contact you for an interview and ask you more questions. This interview will take place either in the office where you returned your application, FTE Office nearest to you or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we may arrange for one.

We list the types of things you will need to provide for your application. Please gather the proofs you will need.

Things you must provide, if they apply to you, to receive Food Assistance Benefits.

1. Proof of Identity: National Identity Card, Passport, Birth, Baptismal or other proof of your identity.
2. Proof of Residence: Original Rent receipt or lease Or Copy of House Survey.
3. Earned Income: Retirement letter, Pension Notice, Employment letter, Bank Statements
4. Self-Employment: Address of business, working hours and number of apprentice or staff.
5. Rental Income: If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement or statement from your tenant showing the amount of rent paid.

Your Rights and Responsibilities

I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for the Food Assistance Program is fraud, an Intentional Program Violation (IPV), and can lead to instant and permanent disqualification.

I understand that the FTE Foundation administers the Food Assistance Program. I understand that I must report to FTE any changes in my income, assets, address, living arrangement, family size, employment or any other changes to my Food Assistance that may affect my continued eligibility. I understand that I must report these changes to FTE in person, in writing or by phone within 10 days of the change.

By signing this form, I give permission to FTE to verify and investigate the information I have given that relates to my eligibility for assistance. I give permission to FTE to get any records or data and to verify information given on this application with other agencies, including federal, state and local agencies, NGOs, hospitals and financial institutions. I also give permission to these agencies to give to FTE information about me that concerns my Food Assistance Benefits.

I understand that by signing this form, I also give permission to FTE to share information about me and my dependents under age 16 with appropriate NGOs and governmental agencies that may have programs that I can benefit from.

Right to an Interpreter

I understand that FTE may provide me with an interpreter though it is not obligated to do so if I am unable to speak or understand English. I also understand that I can get an interpreter for any FTE fair hearing or bring one of my own.



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FTE FOOD / DRUG BENEFIT APPLICATION FORM

Benefits Application Source: (please check one)

• Church _____ • Hospital _____ • Mosque _____ • School _____ • Community Centre _____ • Palace _____ • FTE Office _____ • Others _____

Information About You (Answer all boxes.)

_____.
Family Name

_____.
First Name

Middle Initial

Date of Birth _____/_____/_____

Age: _____

Gender: M _____ OR F _____

Marital Status (check one): Married _____ Never Married _____ Divorced _____ Widowed _____

What is your preferred language? English _____, Yoruba _____, Igbo _____, Hausa _____

Your ethnicity: Yoruba _____, Ibo _____, Hausa _____, Others _____

This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

Do you have a special situation? (Check all boxes that apply to you.)

_____ Physical/Mental Impairment _____ Hearing Impaired _____ Visually Impaired .

_____ Interpreter Required _____ Sign Language Required _____ Others _____

2. Information About Where You Live (Answer all boxes.)

Your current address : _____

Town or Village: _____ LGA _____
Number / Street / Area

State: _____ How long have you lived here? _____

Your Telephone: _____ State of Origin: _____

How many people are in your household? _____ No of Adults _____

Your Situation:

Are you homeless? _____ yes OR _____ no Is your current address temporary? _____ yes OR _____ no

Is there a child(ren) under age 18 living with you who is not your child, and who is not under your supervision and control? _____ yes _____ no? If yes, who? _____

Are you or is anyone living with you physically or mentally disabled temporarily or long-term? _____ yes _____ no, If yes, who is disabled? _____

