



Elder Services of the Merrimack Valley, Inc. and the Greater Boston Food Bank have joined forces to offer an Elder Brown Bag Program for income eligible residents 60 years and older in the Merrimack Valley. Eligible elders will receive a free bag of groceries on the first Tuesday of each month. Brown bags will be distributed at **Pentucket Lake School**, 252 Concord Street in Haverhill.

*Some senior housing projects and senior centers offer bag pick-up services.
Contact your local council on aging or housing coordinator for information.*

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Recipients must be **60 years of age or older** and must be **low income**, as measured by participation in (or eligibility for,) at least one program for which proof of income has been demonstrated. This includes enrollment in **Mass Health, Food Stamps, SSI, Medicaid, Fuel Assistance, or similar programs, which establish that recipients earn a maximum of \$19,240 yearly for a single person, \$25,900 yearly for a couple.**

A typical Brown Bag contains perishable and shelf-stable foods including: cereal, beef stew, canned tuna, spaghetti, pasta sauce, raisins, apple juice, instant oatmeal, produce and cheese. There is **no cost** involved. One bag per household.

Each participant must register in advance. The Greater Boston Food Bank determines the total number of Brown Bags available. If you are eligible and there is room in the program, you will be mailed a welcome letter and identification card. You need to bring your ID card to Pentucket Lake School on pick-up day to receive your Brown Bag.

To register, please return this application to:

Elder Services of the Merrimack Valley
360 Merrimack Street, Building #5
Lawrence, MA 01843
Attention: Laura Marsan

For more information on distribution dates and times, please call:
Laura Marsan at 978-946-1303 or Janice Hrenko at 978-946-1321.



Senior Brown Bag Participant Application

****Please fill in all information below. ****

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____

Date of Birth: ___/___/___ Total number in Household: _____

Eligibility Status: I receive one or more of the following types of assistance:
Medicaid _____ Veterans Aid _____ Food Stamps _____
Fuel Assistance _____ SSI _____

-OR-

My gross household income is at or below the guidelines provided: _____
(\$19,240 yearly for single person, \$25,900 yearly for a couple)

- If I am unable to pick up my bag for any reason, the following person is authorized to pick it up in my absence:

Name: _____ Phone: () _____ - _____

The Elder Brown Bag program is available to all eligible recipients regardless of sex, race, color, religion, national origin, or disability.

I hereby certify that, to the best of my knowledge, the information provided on this form is true and complete. I understand that both misrepresentation of need and sale or exchange of The Greater Boston Food Bank product are prohibited and will result in my immediate removal from the Elder Brown Bag Program.

Signature: _____ Date: _____