



MERCY BROWN BAG REGISTRATION FORM

Site Name: _____

Date: _____

To participate in Mercy Brown Bag Program, sponsored by Mercy Retirement & Care Center the undersigned hereby voluntarily agrees:

1. I release & hold harmless the original food donors and all above listed parties their officers, members, agents & employees from & against all claims, demands, liability, lawsuits, or other actions & the costs thereof, for damage or injury to persons or property arising out of or in any way connected with my participation in Mercy Brown Bag Program.

2. I am age 60+ with a maximum monthly income of:

Household Size	Monthly Income	Yearly Income
1	\$2,949.25	\$35,391
2	\$4,002.83	\$48,034
3	\$5,056.42	\$60,677
4	\$6,110.00	\$73,320
For each additional household member add:	\$1,053.59	\$12,643

3. I WILL NOT SELL, OFFER FOR SALE, EXCHANGE OR BARTER USDA FOOD AND ANY OTHER ITEMS RECEIVED THROUGH MERCY BROWN BAG PROGRAM.

4. I have read the foregoing & am aware of the legal consequences of signing this release of liability.

5. I have read the Code of Conduct and agree to uphold it, understanding that violation of the Code of Conduct could result in a ban from receiving MBB services.

Please answer the following questions (circle Y for Yes or N for No):

Do you have any health issues that fresh, healthy food can treat?	Y	or	N
Are you a client of Alameda Health Alliance?	Y	or	N
Are you a client of Kaiser MediCal?	Y	or	N

Mercy Brown Bag Code of Conduct

All participants in the Mercy Brown Bag Program must:

Treat volunteers, staff, and other recipients with courtesy and respect.

Refrain from using insulting, abusive, and/or derogatory language.

Participants in the Mercy Brown Bag agree to the following policies:

Physical, verbal, or emotional abuse is met with a zero tolerance policy and could lead to the recipient being banned from receiving MBBP services. This type of behavior could include, but is not limited to, grabbing, pushing, throwing food, and other types of unwanted physical contact.

Cutting in line or saving places in line is met with a zero tolerance policy and could lead to the recipient being banned from receiving MBBP services.

Re-selling food obtained through MBBP is strictly prohibited and will result in the recipient being banned from receiving MBBP services.

Recipients must take only the food allotted to them during distribution. Stealing food from other recipients or from MBBP distributions could lead to the recipient getting banned from receiving MBBP services.

Mercy Brown Bag reserves the right to permanently exclude any recipient from the program who does not comply with these policies.

Name (Printed):

Name of Witness (Printed):

Signature:

Signature of Witness:

Date:

Date:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

This institution is an equal opportunity provider.