

Emergency Food REGISTRATION FORM

Date: _____

Name (Print): _____

Street Address: _____

Town & zip code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____

Number of children under 18 in household: _____

QUALIFYING REASON (PLEASE CIRCLE AND CHECK WHERE APPROPRIATE)

1. TANF (Temporary Assistance for Needy Families – Social Services Program)
2. FOOD STAMPS/SNAP ___Ran out/insufficient ___Lost ___Stolen ___Not received
3. SSI (Supplemental Security Income) – NOT SOCIAL SECURITY
4. WIC (Women, Infants, and Children)
5. MEDICAID
6. LOW INCOME (see USDA guidelines on this sheet)
7. DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products “as is” and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

2015-16 Gross Monthly Income Limits for Eligibility (185% of poverty)	
People in Household	Max. Income
1	\$1815
2	\$2456
3	\$3098
4	\$3739
5	\$4380
6	\$5022
7	\$5663
8	\$6304

CLIENT SIGNATURE _____ DATE: _____

Interviewer Name: _____

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.