

Client Eligibility Form

Name	Please place an "X" next to programs you participate in:
Address	___ WIC
City/Zip	___ SNAP/FAP
Number of people in household by age: Age 0-5 ___ 6-17 ___ 18-59 ___ 60-64 ___ 65+ ___ Household Total: ___	___ CSFP

Please read the following statement carefully, complete the requested information and sign below to receive food from this distribution:

By signing this form, I declare that I am either:

- 1. In need of emergency food OR***
- 2. A participant in an income based program such as WIC, CSFP, cash assistance (FIP) or food stamps (FAP) OR***
- 3. In a household where the income falls at or below the posted federal poverty guidelines (see table to the right)***

Household Size	Annual	Monthly	Weekly
1	\$23,340	\$1,945	\$449
2	\$31,460	\$2,622	\$605
3	\$39,580	\$3,299	\$761
4	\$47,700	\$3,976	\$917
For each additional family member add	\$8,120	\$677	\$156

Is this your first time accessing Emergency Food at any location this month? If yes, check here:

Signature	Date	
Signature	Date	
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