

EMERGENCY FOOD ASSISTANCE PROGRAM

Please Print

Applicant Name: _____ Tel. No.: _____

Name of Spouse or other adult in household: _____

Street Address: _____

Mailing Address: _____ How many in household? _____
(If Different)

How many age 60 and over? _____

How many age 18 and under? _____

SECTION I: Program Eligibility

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? (If so, please check every program which applies to your household.)	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Women, Infants and Children (WIC) <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) <input type="checkbox"/> Free & Reduced Price Lunches <input type="checkbox"/> Head Start	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (State Welfare) <input type="checkbox"/> Aid to the Needy Blind <input type="checkbox"/> Old Age Assistance <input type="checkbox"/> Subsidized Housing (Rental Subsidy) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> County, City or Town Welfare

SECTION II: Income Eligibility

If you placed a checkmark next to at least one program in SECTION I, DO NOT COMPLETE SECTION II.	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your combined Gross Yearly Household Income at or below the following guidelines?			
1 - \$36,144	3 - \$61,968	5 - \$87,792	7 - \$113,616
2 - \$49,056	4 - \$74,880	6 - \$100,704	8 - \$126,528

I hereby certify that the above information is true and accurate. I understand that it is sought in connection with the receipt of one household allotment of surplus food! This food is not to be sold or exchanged.

Signature of Recipient

Date

FOR OFFICE USE ONLY (USDA Commodities Received)
