

2021/2022 EMERGENCY SUPPLEMENTAL FOOD ASSISTANCE PROGRAM



Applicant Name: _____
Street Address: _____
City/Town (REQUIRED): _____ **Zip Code:** _____
Primary Phone: () _____ **Alternate Phone:** () _____
Mailing Address: (if different) _____

**** SEE BACK FOR LIST OF REQUIRED PROOFS OF ELIGIBILITY ****

******* Section I: Income Eligibility: *******

Circle the number of people in your household on the list below.

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1 person - \$23,828 | 3 people - \$40,626 | 5 people - \$57,424 | 7 people - \$74,222 | 9 people - \$91,020 |
| 2 people - \$32,227 | 4 people - \$49,025 | 6 people - \$65,823 | 8 people - \$82,621 | 10 people - \$99,419 |

Is your household Gross Yearly Income less than the amount next to the number you circled? Yes ___ No ___

******* Section II: Program Eligibility: *******

Are you or any member of your household currently receiving help from any of the following programs?

- | | |
|--|---|
| <input type="checkbox"/> Fuel Assistance/Electrical Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Women, Infants and Children (WIC) | <input type="checkbox"/> Medicaid / Children’s Medicaid |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Aid to Needy Blind |
| <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) | <input type="checkbox"/> Subsidized Housing (Rental Subsidy) |
| <input type="checkbox"/> County, City or Town Welfare | <input type="checkbox"/> Commodity Supplemental Food Program |
| <input type="checkbox"/> Free/Reduced School Meals Assistance | <input type="checkbox"/> SSI, SSDI or Social Security Income |
| <input type="checkbox"/> Head Start | Other _____ |

******* Household Information *******

List **ALL** members of household, beginning with **YOUR** name **FIRST**:

<u>FIRST NAME & LAST NAME</u>	<u>DATE OF BIRTH</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

The above information is true and accurate. I understand that it is needed so that I can get one household pantry box of supplemental food weekly. This food is not to be sold or exchanged.

I am NOT receiving foods at other pantries. True ___ False ___

Signature of Applicant _____ **Date** _____

REQUIRED PROOFS OF ELIGIBILITY

If you are a New Guest or there is a New Family Member:

- FOR EACH PERSON**, we need **ONE PROOF OF DATE OF BIRTH** (with current last name),
for example:
 - Driver's license/ID, or
 - Birth certificate with current last name

Every year:

- FOR EACH PERSON**, we need **ONE PROOF OF ADDRESS FOR WHERE YOU LIVE**
for example:
 - Driver's license/ID, or
 - Lease, or
 - Recent Mail sent to your home, or
 - Food Stamp letter
- FOR EACH ADULT**, we need **ONE PROOF of INCOME** or **PROOF of ASSISTANCE PROGRAM**
for example:
 - Social Security letter
 - Food Stamp letter

If you need other ideas for what to bring, please ask us or call us at 603-352-3200

- If you want someone else to pick up your box, we need a note, signed by you, giving them permission – for “today” or for “any time”

Annual Reverification:

Updates Begin JULY 7, 2021 & Due September 3, 2021