

## 2021/2022 Supplemental EFAP Registration

**Applicant Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City/Town (Required):** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone:** (     ) \_\_\_\_\_ **Alternate Phone:** (     ) \_\_\_\_\_  
**Mailing Address:** (if different) \_\_\_\_\_



### Income Eligibility

*Please X next to the number of people in your household.*

\_\_\_ **1** person - \$30,912    \_\_\_ **2** people - \$41,808    \_\_\_ **3** people - \$52,704    \_\_\_ **4** people - \$63,600    \_\_\_ **5** people - \$74,496  
 \_\_\_ **6** people - \$85,392    \_\_\_ **7** people - \$96,288    \_\_\_ **8** people - \$107,184    \_\_\_ **9** people - \$111,724    \_\_\_ **10** people - \$116,264

*Is your household **Gross Yearly Income** less than the amount next to the family size?    **Yes** \_\_\_ **No** \_\_\_*

### Program Eligibility

*Please X all assistance programs, that any household member is currently receiving.*

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

### Household Information

*Please list ALL members of household, beginning with **Applicant Name**.*

<u>First &amp; Last Name</u>	<u>Date of Birth</u>	<b>Office Use Only</b>
1 _____	_____	DOB    POR    POI/POE
2 _____	_____	DOB    POR    POI/POE
3 _____	_____	DOB    POR    POI/POE
4 _____	_____	DOB    POR    POI/POE
5 _____	_____	DOB    POR    POI/POE
6 _____	_____	DOB    POR    POI/POE
7 _____	_____	DOB    POR    POI/POE
8 _____	_____	DOB    POR    POI/POE
9 _____	_____	DOB    POR    POI/POE
10 _____	_____	DOB    POR    POI/POE

**I am not receiving food at other pantries.**    \_\_\_ **True**    \_\_\_ **False**

**The above information is true and correct.** In signing, I understand and agree to providing this information.  
 This allows my household one supplemental food box each week. **This food is not to be sold or exchanged.**

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_  
*The Community Kitchen, INC. , Keene N.H. is a –Monadnock United Way Agency*

## **2021/2022 Annual Registration**

**July 7, 2021 - September 3, 2021**

### **Required Proofs Needed**

#### **New Guest or Family Member:**

**EACH PERSON**, will need 1 **Proof of Date of Birth** (with current last name),

*Examples:*

- Driver's license/ID
- Birth certificate with current last name

**EACH PERSON**, will need 1 **Proof of Residence**

*Examples:*

- Driver's license/ID
- Lease
- Recent mail sent to your home
- Food Stamp letter

**EACH ADULT**, will need 1 **Proof of Income** or **Proof of Assistance Programs**

*Examples:*

- Social Security letter
- Food Stamp letter

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#### **Renewing Guest or Family Member:**

**EACH PERSON**, will need 1 **Proof of Residence**

*Examples:*

- Driver's license/ID
- Lease
- Recent mail sent to your home
- Food Stamp letter

**EACH ADULT**, will need 1 **Proof of Income** or **Proof of Assistance Programs**

*Examples:*

- Social Security letter
- Food Stamp letter

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#### **Permission Note:**

If someone else is to pick up your box: Please send in a signed, undated note giving them permission.

***\*If you need other ideas or have questions please call us at 603-352-3200***