

2022/2023 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 - \$32,616 ___ **2** people - \$43,944 ___ **3** people - \$55,272 ___ **4** people - \$66,600 ___ **5** people - \$77,928
 ___ **6** people - \$89,256 ___ **7** people - \$100,584 ___ **8** people - \$111,912 ___ **9** people - \$123,240 ___ **10** people - \$134,568

*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 (APTD)
___ 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	___ SSI, SSDI or Social Security Income
___ Subsidized Housing (Rental Subsidy)	___ Temporary Assistance to Needy Families (TANF)
___ Women, Infants and Children (WIC)	___ Other _____

Household Information

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

<u>First & Last Name</u>	<u>Date of Birth</u>	Office Use Only		
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

2022/2023 Annual Registration

July 6, 2022 - September 9, 2022

Required Proofs Needed

New Guest or Family Member:

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

Examples:

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

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

Examples:

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

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

Examples:

- Social Security letter
- Food Stamp letter
- Paystub

Renewing Guest or Family Member:

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

Examples:

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

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

Examples:

- Social Security letter
- Food Stamp letter
- Paystub

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***