

NEW REVERIFICATION

2024/2025 Supplemental EFAP Registration

BOX

Applicant Name: _____

Street Address: _____

Address verified by TCK _____

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 - \$36,144 ___ **2** people - \$49,056 ___ **3** people - \$61,968 ___ **4** people - \$74,880 ___ **5** people - \$87,792

___ **6** people - \$100,704 ___ **7** people - \$113,616 ___ **8** people - \$126,528 ___ **9** people - \$139,440 ___ **10** people - \$152,352

Is your household TOTAL 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 eligible for or currently receiving.

___ Food Stamps

___ SSI

___ Medicaid / Children's Medicaid

___ SSDI

___ Subsidized Housing (Rental Subsidy)

___ Aid to Permanently and Totally Disabled (APTD)

___ Fuel Assistance / Electric Assistance

___ Temporary Assistance to Needy Families (TANF)

___ Women, Infants and Children (WIC)

___ Commodity Supplemental Food Program

___ Free/Reduced School Meals Assistance

___ County, City or Town Welfare

Do you want information about any of the programs listed above? If yes, please list on back.

Household Information

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

Name

Date of Birth

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

The above information is true and correct. I understand that this will be kept confidential and is needed to verify my household eligibility to receive food 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

Revised 06/28/2024

2024/2025 Annual Registration

July 10, 2024- September 6, 2024

Applicant will need One Proof of Residence (where you live, not PO Box)

Permission Note:

If you want someone who is not in your household to pick up your box, please give them a note saying they may pick up your box "today" or on a specific date, or that they may pick up your box "any time". We will put "any time" notes in the computer so the person does not need a note every week. **Please use the space below to update your "any time" note because any old notes will be deleted.**

Name(s)

has/have permission to pick up my food box any time.

Please check any programs that you want information about:

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) |
| <input type="checkbox"/> Fuel Assistance / Electric Assistance | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Women, Infants and Children (WIC) | <input type="checkbox"/> Commodity Supplemental Food Program |
| <input type="checkbox"/> Free/Reduced School Meals Assistance | <input type="checkbox"/> County, City or Town Welfare |