

Agency Name: _____

Distribution Date: _____



Site Address: _____

# of People in household	Annual	Monthly	Weekly
1	\$23,540	\$1,962	\$453
2	\$31,860	\$2,655	\$613
3	\$40,180	\$3,348	\$773
4	\$48,500	\$4,042	\$933
5	\$56,820	\$4,735	\$1,093
6	\$65,140	\$5,428	\$1,253
For each additional family member add:	\$8,320	\$693	\$160

Please read the following statement carefully, complete the requested information and sign below to receive food from this distribution:

By signing this form, I declare that I am either:

1. *In need of emergency food OR*
2. *A participant in an income based program such as WIC, CSFP, cash assistance (FIP) or food stamps (FAP) OR*
3. *In a household where the income falls at or below the posted federal poverty guidelines (see table*

Is this your first time accessing USDA Emergency Food at any location this month? If yes, check here:

	Print Name	Ages 0-17	Ages 18-59	Ages 60 +	Total # in Household	Street Address	City	Signature	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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Income guidelines effective 03/31/15