

Agency Name: _____

Site Address: _____

Date: _____



This table shows a gross income for each household size based on 200 Percent of Federal Poverty Income Guidelines

# of people in household	Annual	Monthly	Weekly
1	\$24,280	\$2,023	\$467
2	\$32,920	\$2,743	\$633
3	\$41,560	\$3,463	\$799
4	\$50,200	\$4,183	\$965
5	\$58,840	\$4,903	\$1,132
6	\$67,480	\$5,623	\$1,298
7	\$76,120	\$6,343	\$1,464
8	\$84,760	\$7,063	\$1,630
For each additional family member add:	\$8,640	\$720	\$166

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This institution is an equal opportunity provider.

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), households with children who receive free/reduced priced meals at their school through the National School Lunch Program or Food Stamps (FAP), or 3) In a household where the income falls at or below the posted federal poverty guidelines. (see table above).

	Print Name	Ages 0-5	Ages 6-17	Ages 18-64	Ages 65 +	Total # in Household	Street Address & City	Zip Code	Signature
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Optional age information