

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	\$24,980	\$2,082	\$480
2	\$33,820	\$2,818	\$650
3	\$42,660	\$3,555	\$820
4	\$51,500	\$4,292	\$990
5	\$60,340	\$5,028	\$1,160
6	\$69,180	\$5,765	\$1,330
7	\$78,020	\$6,502	\$1,500
8	\$86,860	\$7,238	\$1,670
For each additional family member add:	\$8,840	\$736	\$170

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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