Household Size	Annual	Monthly	Weekly
1	$24,120	$2,010	$464
2	$32,480	$2,707	$625
3	$40,840	$3,403	$785
4	$49,200	$4,100	$946
5	$57,560	$4,797	$1,107
6	$65,920	$5,493	$1,268
7	$74,280	$6,190	$1,428
8	$82,640	$6,887	$1,589
For each additional family member add	$8,360	$697	$161

Please read the statement below carefully and then complete requested information and sign.

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave. SW, Washington, D.C. 20250-9410.; 2) fax: (202) 690-7442; 3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Agency Name _____ Distribution Date _____

Site Address _____ Phone _____ Agency Number _____

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), household 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.

C-Caucasian/Other N-Native American
AA-African American A-Asian
H-Hispanic/Latino PI-Pacific Islander

VOLUNTARY INFORMATION

	Print Name	# in Household	Street address & City	Signature	Ages 0-17	Ages 18-59	Ages 60+	Gender # M	Gender # F	New?	Race / Ethnicity Use above code
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Household Size	Annual	Monthly	Weekly
1	$24,120	$2,010	$464
2	$32,480	$2,707	$625
3	$40,840	$3,403	$785
4	$49,200	$4,100	$946
5	$57,560	$4,797	$1,107
6	$65,920	$5,493	$1,268
7	$74,280	$6,190	$1,428
8	$82,640	$6,887	$1,589
For each additional family member add	$8,360	$697	$161

Please read the statement below carefully and then complete requested information and sign.

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave. SW, Washington, D.C. 20250-9410.; 2) fax: (202) 690-7442; 3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Agency Name _____ Distribution Date _____

Site Address _____ Phone _____ Agency Number _____

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), household 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.

C-Caucasian/Other N-Native American
AA-African American A-Asian
H-Hispanic/Latino PI-Pacific Islander

VOLUNTARY INFORMATION

	Print Name	# in Household	Street address & City	Signature	Ages 0-17	Ages 18-59	Ages 60+	Gender # M	Gender # F	New?	Race / Ethnicity Use above code
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											