



Agency Name: _____

Site Address: _____

Distribution Date: _____

# 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

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 WIC, CSFP, FIP, SNAP or my child receives free/reduced meals at school,***
- 3. In a household where the income falls at or below the posted federal poverty guidelines (see table to the left)***

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

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This institution is an equal opportunity provider.

Revised 9/26/2019