



**SOUTH MICHIGAN
FOOD BANK**



Agency Name: _____ Agency Code: _____

Site Address: _____

Distribution Date: _____

# of People in household	Annual	Monthly	Weekly
1	\$27,180	\$2,265	\$523
2	\$36,620	\$3,052	\$704
3	\$46,060	\$3,838	\$886
4	\$55,500	\$4,625	\$1,067
5	\$64,940	\$5,412	\$1,249
6	\$74,380	\$6,198	\$1,430
For each additional family member add:	\$9,440	\$787	\$182

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

	Print Name	Street Address & City	Zip	Ages 0-17	Ages 18-59	Ages 60 +	Total # in Household	Eligibility
1								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
2								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
3								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
4								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
5								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
6								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program
7								<input type="checkbox"/> In Need of Food <input type="checkbox"/> Income <input type="checkbox"/> Program

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.

Revised 4/5/21