

Agency Name: _____



Site Address: _____

Distribution Date: _____

# 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

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								
9								

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This institution is an equal opportunity provider.

Revised 5/15/18