

Agency Name _____

Distribution Date _____

Site Address _____

This table shows a gross income for each household size
Based on 200 Percent Federal Poverty Income Guidelines

Household Size	Annual	Monthly	Weekly
1	\$25,520	\$2,126	\$490
2	\$34,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	\$52,400	\$4,366	\$1,007
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,606	\$1,524
8	\$88,240	\$7,353	\$1,696
For each additional family member add	\$8,960	\$746	\$172

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. **REQUIRED FIELDS CONTAIN AN ASTERISK (*)**

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.							
*Print Name	*# In House	# Children	# Seniors	Vets	Zip	*Street address & City	*Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							