

Name: \_\_\_\_\_

July 2019 - June 2020 Intake Form

Address: \_\_\_\_\_

Proof of address provided

School District: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Statement of Service: As a client of these services you are not required to receive SNAP, WIC, HEAP, Unemployment, Disability, SSI, or TANF or any other program to receive assistance. You will not be turned away on your first visit because of a lack of identification, lack of referral or inability to prove address. You will not be asked to provide your Social Security number to receive food.

To assist all of those in need, this Food Bank partner may limit the services they provide to a defined area and number of times per month you may return.

Are you (or anyone in your house) aware of, receiving, or have you applied for any of the following:

SNAP  WIC  TANF  Unemployment  Disability  SSI  Free/Reduced School Lunches

Do you have access to: Can opener  Stove  Refrigerator  Microwave

Please indicate any food allergies or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Please list each person in the household\*

First Name	Last Name	Age

\*Use additional sheets if necessary

Total in household Children (0-17) \_\_\_\_\_ Adults (18-64) \_\_\_\_\_ Seniors (65+) \_\_\_\_\_



Name: \_\_\_\_\_

## July 2019 – June 2020 Intake Form

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

**This table shows a yearly gross income for each family size. If your household is at or below the income listed for the number of people in your household, you are eligible to receive food.**

Household Size	Income		
	Annually	Monthly	Weekly
1	23,106	1,925	444
2	31,283	2,606	602
3	39,460	3,288	759
4	47,637	3,969	916
5	55,814	4,651	1,073
6	63,991	5,332	1,230
Each Additional add	8,177	681	157

By signing below I declare that my income from all sources does not exceed 185% of the federal poverty level as listed below for my household size. I understand that these records will be held in confidence at this distribution site, but may be released to the New York State Office of General Service or the United State Department of Agriculture for review upon their request.

Signature	Number of Children (0-17)	Number of Adults (18-64)	Number of Seniors (65 +)	Total Individuals	Date

Coordinator: Please use a second intake form if necessary.