

Name: _____ July 2019 - June 2020 REVISED Intake

Address: _____ Proof of address provided

School District: _____ Phone: _____

Email: _____

Total individuals in household Children (0-17) _____ Adults (18-64) _____ Seniors (65+) _____

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.

Questions may be directed to Food Bank of Central New York, Agency Relations Department by calling 315-437-1899.

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

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
1	24,980	2,081
2	33,820	2,817
3	42,660	3,554
4	51,500	4,291
5	60,340	5,027
6	69,180	5,764
Each Additional add	8,840	737



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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: Policy Memorandum No. FD-036 Page 6

- (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.

This institution is an equal opportunity provider.

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature	Date

Coordinator: Please use a second intake form if necessary.