

Name: _____ July 2020- June 2021 Intake

Address: _____ Proof of address provided

School District: _____ Phone: _____

Email: _____

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

Please list individual household members below:

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	\$25,520	\$2,127
2	\$34,480	\$2,873
3	\$43,440	\$3,620
4	\$52,400	\$4,367
5	\$61,360	\$5,113
6	\$70,320	\$5,860
Each Additional add	\$8,960	\$746



