

# Anne Arundel County Food and Resources Bank



## THE EMERGENCY FOOD ASSISTANCE PROGRAM

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA'S TARGET Center at (202) 720-2600 (voice and TDD).

SITE: \_\_\_\_\_ DATE: \_\_\_\_\_ NUMBER IN HOUSEHOLD: \_\_\_\_\_

CHECK PICTURE I.D. FOR PROOF OF IDENTITY AND ADDRESS YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF BAGS GIVEN TO HOUSEHOLD: \_\_\_\_\_

### CATEGORY OF ELIGIBILITY

### CHECK WHAT APPLIES

SNAP Recipient       Medical Assistance       TCANF #       Unemployment  
 Energy Assistance       Electric Universal Service Program (EUSP) Assistance  
 Household income 150% below Federal poverty guidelines

### CATEGORY OF TYPE OF CLIENT

### CHECK WHAT APPLIES

Single Adult Female       Single Adult Male       Homeless       Family  
 Single Mother Household       Single Father Household

### CATEGORY OF TYPE OF CLIENT

### TOTAL NUMBER SERVED IN HOUSEHOLD

Children under 18       18 – 64 Years Old       65 Years and Older  
 Male       Female

### CATEGORY OF RACE/ETHNICITY

### TOTAL NUMBER SERVED IN HOUSEHOLD

American Indian/Alaska Native       Asian       Caucasian       Black/African American  
 Pacific Islander       Hispanic       Multi-Race or Mixed Race  
 Ethnicity Unknown       Other \_\_\_\_\_       Prefer Not to Answer

I affirm that neither I nor any other household member has received any other USDA food from this or any other pantry within the last 30 days. I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

APPLICANT

AUTHORIZED PROXY

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

APPLICANT

AUTHORIZED PROXY

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOUSEHOLD SIZE MONTHLY GROSS INCOME									
1	\$1,437								
2	\$1,940								
3	\$2,442								
4	\$2,945								
5	\$3,447								
6	\$3,950								
7	\$4,452								
8	\$4,955								
For each addition household member add \$503									
NUMBER OF PERSON IN HOUSEHOLD									
1	2	3	4	5	6	7	8	9	10+
1	1	1	2	2	2	3	3	3	3
NUMBER OF ITEMS ELIGIBLE FOR									
1	1	1	2	2	2	3	3	3	3

❖ Ask each month if any of the clients information has changed, on reverse side have them sign and date that they are in agreement with the affirmation statement included on this page.

