

# **South County Assistance Network, Inc.**

**Food Pantry Serving South Anne Arundel County**

C/O St. James Parish

5757 Solomon's Island Rd. | Lothian, MD 20711

410-867-2838 | scanfoodpantry.org

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## ***SCAN CLIENT REGISTRATION***

Date: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Check photo ID for Proof of Identity and Address: Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **APPLICANT INFORMATION:**

**AUTHORIZED PROXY:**  
(Person who can pick up your food for you if you cannot)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER

(\_\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER

### **SCAN Policy:**

SCAN distributes supplemental food to eligible families every thirty days. Canned and dry goods are available year-round. Most times we have frozen meats such as chicken, ground beef, turkey or ham. Seasonally we receive donations of venison, eggs and fresh vegetables. Some of the food SCAN distributes comes from The Emergency Food Assistance Program (TEFAP). SCAN abides by current TEFAP eligibility policies regarding the distribution of TEFAP food items.

### **Hours of Operation:**

SCAN is open every Thursday and Saturday from 9:00 AM—12:00 PM, excluding holidays. The pantry will be closed if Anne Arundel County schools are closed or have a delayed opening due to inclement weather.

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**

**Income Eligibility Guidelines: Effective October 1, 2026**

Household Size	Annual Income	Monthly Income	Eligibility Categories (select all that apply)
1	\$29,526	\$2,461	SNAP Recipient _____
2	\$40,034	\$3,337	Medical Assistance Recipient _____
3	\$50,542	\$4,212	TANF Recipient _____
4	\$61,050	\$5,088	Unemployment Recipient _____
5	\$71,558	\$5,964	Energy Assistance Recipient _____
6	\$82,066	\$6,839	
7	\$92,574	\$7,715	
8	\$103,082	\$8,591	
For each additional household member add:	+ \$10,508	+ \$876	Household income at or below 185% of the Federal Poverty Guidelines shown in table _____

**All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following Nondiscrimination Statement:**

In accordance with Federal law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases apply to all programs)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotope, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

**email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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

AUTHORIZED PROXY  
SIGNATURE: \_\_\_\_\_

**LYF 2026**

The service provided to you is supported in part by the Anne Arundel County Food Bank and Anne Arundel County Government through the A.A. Co. Partnership for Children, Youth & Families. The information requested is only to meet local data collection standards, monitoring, and auditing purposes as required by the County and is not intended for public dissemination. Please provide the requested information below.

The form must be completed by the participant or by the parent or guardian of a child under the age of 18

1. **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

2. **Total number of people in the household:** \_\_\_\_\_

3. **Zip Code you reside in:** \_\_\_\_\_

4. **Household size and total annual household income:**

a. **Circle the total number of people in your household in the first column.**

b. **Along the same lines as your household size, check the income range that includes your annual household income.**

*When determining your household income, include at least the following sources for all wage earners: 1) gross amount of wages, salaries, and other earnings; 2) net income from the operation of a business or profession; (3) interest, dividends and other net income from movable or immovable property; 4) total amount of periodic amounts received from Social Security, annuities, pensions or disability or death benefits, unemployment, disability compensation, workers' compensation, and severance pay; 5) public assistance, e.g., welfare payments, food stamps; 6) alimony, child support payments, etc.*

Household Size	Annual Household Income		
	60% AMI the least	61% AMI - ALICE* Threshold	Above ALICE* Threshold
1	<input type="checkbox"/> Less than \$49,770	<input type="checkbox"/> \$49,770 - \$55,740	<input type="checkbox"/> Above \$55,740
2	<input type="checkbox"/> Less than \$56,813	<input type="checkbox"/> \$56,813 - \$69,448	<input type="checkbox"/> Above \$69,448
3	<input type="checkbox"/> Less than \$63,900	<input type="checkbox"/> \$63,900 - \$98,134	<input type="checkbox"/> Above \$98,134
4	<input type="checkbox"/> Less than \$70,988	<input type="checkbox"/> \$70,988 - \$116,984	<input type="checkbox"/> Above \$116,984
5	<input type="checkbox"/> Less than \$76,688	<input type="checkbox"/> \$76,688 - \$146,980	<input type="checkbox"/> Above \$146,980
6	<input type="checkbox"/> Less than \$82,350	<input type="checkbox"/> \$82,350 - \$159,621	<input type="checkbox"/> Above \$159,621
7	<input type="checkbox"/> Less than \$88,050	<input type="checkbox"/> \$88,050 - \$180,135	<input type="checkbox"/> Above \$180,135
8+	<input type="checkbox"/> Less than \$93,713	<input type="checkbox"/> \$93,713 - \$193,765	<input type="checkbox"/> Above \$193,765

*\* ALICE families (limited assets, limited income, and employees) are households that earn more than the federal poverty level but not enough to cover basic needs. These needs include housing, food, transportation, childcare, health care, and technology. ALICE families are forced to make tough decisions and compromises every day.*

5. **Race/Ethnicity(Select One):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White- Hispanic                      | <input type="checkbox"/> Asian- Hispanic                              | <input type="checkbox"/> Native Hawaiian/Pacific Islander- Hispanic     |
| <input type="checkbox"/> White- Non-Hispanic                  | <input type="checkbox"/> Asian- Non-Hispanic                          | <input type="checkbox"/> Native Hawaiian/Pacific Islander- Non-Hispanic |
| <input type="checkbox"/> Black/African American- Hispanic     | <input type="checkbox"/> American Indian/Alaskan Native- Hispanic     |   |
| <input type="checkbox"/> Black/African American- Non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native- Non-Hispanic |   |
| <input type="checkbox"/> Other/Multi-Racial- Hispanic         | <input type="checkbox"/> Other/Multi-Racial- Non-Hispanic             | <input type="checkbox"/> Prefer not to answer                           |

6. **Head of Household (Check all that apply):**  62 years or older  Female-headed household  Disabled  Unemployed  Veteran  Homeless  Furloughed Govt Worker  Receive SNAP benefits

I hereby certify that the above information is true and correct to the best of my knowledge. I, the undersigned, agree and acknowledge that the information provided is true and correct as of the date outlined in front of my signature. I acknowledge that a material misstatement made fraudulently or negligently in this, or any other statement made by me may constitute a federal violation and may result in my denial of participation in this program. I also understand that this agency, A.A. Co. Partnership for Children, Youth and Families, or Anne Arundel County Government may at any time request to see documentation that can verify that the income and information reported on this form is accurate and correct.

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Date**