

Blessing House Food Pantry
Agency Client Intake Form
Certification of eligibility for food assistance

Name _____ Number of People in Household _____
Address: _____ Telephone Number _____
_____ County _____

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. The chart below is effective July 1, 2014 - June 30, 2015 and reflects 185% above the federal poverty guidelines.

Household size	Annual Income	Monthly Income	Weekly Income
1	\$21,590.00	\$1,799.00	\$415.00
2	\$29,101.00	\$2,485.00	\$660.00
3	\$36,612.00	\$3,051.00	\$704.00
4	\$44,123.00	\$3,677.00	\$849.00
5	\$51,634.00	\$4,303.00	\$993.00
6	\$59,145.00	\$4,929.00	\$1,137.00
7	\$66,656.00	\$5,555.00	\$1,282.00
8	\$74,167.00	\$6,181.00	\$1,426.00
For each additional family member add:	\$7,511.00	\$626.00	\$144.00

You are eligible to receive food if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies:

- _____ Income eligibility
- _____ Temporary Assistance to Needy Families (TANF)
- _____ Supplemental Nutrition Assistance Program (SNAP) (fka Food Stamps)
- _____ Supplemental Security Income (SSI)
- _____ Medicaid

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive food.

*I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. Program officials may verify what I have certified to be true. I understand that making a false certification may result in food pantry termination*

Signature

Date

THIS CERTIFICATION IS VALID FOR A PERIOD OF 3 MONTHS and may be renewed as needed. Any changes in the household's circumstances must be reported to this distributing agency immediately.

Agency Use Only

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|---|---|
| 1. _____ TANF (Temporary Assistance for Needy Families) | |
| 2. _____ SNAP (Supplemental Nutrition Assistance Program) | 4. _____ Medicaid |
| 3. _____ SSI *Supplemental Security Income) | 5. _____ Low Income (per USDA Eligibility Guidelines) |

Proof of residency/income documentation provided:

___ Drivers License ___ Benefit Letter ___ Benefit ID ___ Pay Stub Other _____

