

Westbrook Community Food & Resource Center

Please Print Clearly

Name _____ Total number _____
(First name) (Last name/Surname) people in household _____

Address _____
(Street) (Apartment #)

Telephone Number _____

Household Members

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Country of Origin _____

Primary Language _____

Veteran in Household Yes / No

How do you travel to the pantry? Check any that apply.

walk bike bus car

I certify that the above information is accurate and true. I understand that the information will remain confidential except for verification purposes. If the information proves false, I may be denied use of the pantry. I understand the food received is for my household only and cannot be sold or returned to the store which donated it.

Signature _____

Date _____

Volunteer's initials

AM _____ PM _____

Please Sign Back

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBILITY TO TAKE FOOD HOME**

Name: _____
Address: _____

Number of people in
Household: _____

Telephone # _____ (Optional)

This table 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.

**State of Maine TEFAP Income Guidelines
July 1, 2016 to June 30, 2017
150% of Maine Poverty Guidelines**

Household Size	Annual	Month	Week
1	\$17,820	\$1485	\$343
2	\$24,030	\$2003	\$462
3	\$30,240	\$2520	\$582
4	\$36,450	\$3038	\$701
5	\$42,660	\$3555	\$820
6	\$48,870	\$4073	\$940
7	\$55,095	\$4592	\$1060
8	\$61,335	\$5112	\$1180
For Each Additional Add	\$6,240	\$520	\$120

You also may be eligible to receive food from TEFAP if your income is greater than that shown in the above table providing you are unable to meet the nutritional needs of your household due to an emergency situation.

Please read the following statement carefully and then sign the form with today's date.

I certify that my annual household gross income is at or below the income listed on this form for households with the same number of people as my household or that the household's nutritional needs are not being met due to an emergency situation or that I have established eligibility in one of the following: a)LIHEAP; b)TANF; c)SSI, d)Medicaid; e) Elderly Low Cost Drug Program; f) Elderly Tax and Rent Refund; or g) SNAP(formerly food stamps). This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

(Signature)

(Date)

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.