

2018

EMERGENCY FOOD ASSISTANCE PROGRAM

Eligible Towns: Wakefield, Brookfield, Effingham, Milton, Newfield, ME

Date: _____

Applicant Name: _____

Street Address: _____ Brookfield Effingham Wakefield Milton

Telephone Number: Home: (603) _____ Cell: _____ Newfield, ME

Name, Gender, Age and Relationship of All Family Members/Dependents (including yourself) that are permanent residences at this address and you are responsible for feeding.

First Name	Last Name (if different from yours)	Gender M/F	Age	Relationship to you	Veteran? <input type="checkbox"/>
				Self	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

1. Please check the assistance that you are receiving:

- | | |
|---|---|
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> APTD (Aid to the Permanently and Totally Disabled) |
| <input type="checkbox"/> Food Stamps: | <input type="checkbox"/> Aid to the Needy Blind |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Reduced Lunch | <input type="checkbox"/> Town Assistance |
| <input type="checkbox"/> Section 8 Housing: | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> SSDI (Social Security Disability Insurance) | |
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | |
| <input type="checkbox"/> CSFP (Commodity Supplemental Food Program) | |

Only fill out section 2 if nothing is checked in #1 above.

2. Other: If you do not meet any of the criteria in #1 then please check if you are income eligible (as per chart below): July 1, 2016 to July 1, 2017 Yearly Income Eligibility

# in Family	Amount		# in Family	Amount
1	\$22,459		5	\$54,427
2	\$30,451		6	\$62,419
3	\$38,443		7	\$70,411
4	\$46,435		8	\$78,403

For each additional family member after #8 - add \$7,992

I certify under penalty of law that the information that I have given is correct and I grant permission to the Wakefield Food Pantry to release my name to other pantries, welfare offices or social services as deemed necessary. Further, I agree that I am to use no more than one Food Pantry per week.

Signature of

Recipient:

Food Pantry Use ONLY (Registrars, check all that apply):

Photo Id: Utility Bill: Proof of Services/Proof of Income:

Verified proof of address and eligibility: Y/N/Incomplete Signature of Registrar _____ (Date)

by _____ and date _____ If all is complete, file in top drawer of cabinet and indicate in Family Notes: Verified
File incomplete forms into file box