

2021-2022

EMERGENCY FOOD ASSISTANCE PROGRAM

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

Date: _____

Applicant Name: _____

Street Address: _____ Wakefield Milton Effingham Brookfield

Primary Telephone Number: _____ 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 r M/F	Date of birth	Relationship to you
1.				Self
2.				
3.				
4.				
5.				
6.				

1. Please check the assistance that you are receiving:

<input type="checkbox"/> Fuel assistance	WIC
<input type="checkbox"/> Food Stamps	Subsidized Housing
<input type="checkbox"/> Medicaid	Town Assistance (referral from Welfare Officer)
<input type="checkbox"/> Reduced Lunch	TANF (Temp assist for Needy Families)
<input type="checkbox"/> SSDI (SS Disability Insurance)	Unemployed, no income
<input type="checkbox"/> SSI (Supplemental Security Income)	

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

3. 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, 2020 to July 1, 2021 Yearly Income Eligibility

# in Family	Amount		# in Family	Amount
1	\$30,912		5	\$74,496
2	\$41,808		6	\$85,392
3	\$52,704		7	\$96,288
4	\$63,600		8	\$107,184

For each additional family member after #8 - add \$4,450

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 address) Proof of Services /Proof of Income:

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<i>Verified proof of address and eligibility: Y/N/Incomplete</i> <i>Signature of Registrar</i> _____ <i>(Date)</i> _____ <i>If all is complete, file in top drawer of cabinet and indicate in Family Notes: Verified</i> <i>by</i> _____ <i>and date</i> _____ <i>File incomplete forms into file box</i>

Dear Food Pantry Recipient,

This letter is to inform you of the Food Pantry annual screening process.

As we have in previous years, to comply with the regulations of the United States Department of Agriculture (USDA) and the New Hampshire Food Bank, we require paperwork for the services that you are currently receiving.

If you are eligible for Food Pantry food because you receive fuel assistance, food stamps, Medicaid or any of the other services listed on the back of this form, we will be asking you to show us the proof of this service....or...

you need to prove that you are income eligible.

Please bring in the proof of assistance (state or federal) or proof of income (last year's tax filing or end of year statement of wages) so that the documents can be reviewed. This will be done in the privacy of the conference room and should only take a few minutes if you have your documentation ready. See the schedule below. We will be asking you to have the following when we are ready to do the screening:

1. **Photo ID** such as a driver's license
2. **Proof of current residence** such as a utility bill (We serve Wakefield, Brookfield and Effingham)
3. **Written documentation of current services** that you are receiving such as food stamps, fuel assistance, Medicaid. We will require the letter that you receive these services.
4. **Signed application** (even if you have filled one out before)

Or... if you do not have proof of services but have income low enough to qualify (as per the USDA form), in addition to the above, we will be asking you to provide tax or income information.

The Registrar will interview and advise you in reviewing your documentation to qualify for food pantry food. We are here to help you.

We thank you for your anticipated cooperation in this screening process.