Name:		J	July 1, 2021 - June 30, 2022	
Address:			Proof of address provided	
School District:		Phone:		
Email:				
Total individuals in household :	Children (0-17)	Adults (18-64)	Seniors (65+)	

Please list individual household members below:

Statement of Service: As a client of these services you are not required to receive SNAP, WIC, HEAP, Unemployment, Disability, SSI, or TANF or any other program to receive assistance. You will not be turned away on your first visit because of a lack of identification, lack of referral or inability to prove address. You will not be asked to provide your Social Security number to receive food.

To assist all of those in need, this Food Bank partner <u>may</u> limit the services they provide to a defined area and number of times per month you may return.

Questions may be directed to Food Bank of Central New York, Agency Relations Department by calling 315-437-1899.

Are you (or anyone in your house) aware of, receiving, or have you applied for any of the following:

SNAP WIC TANF Unemployment Disability SSI Free / Reduced School Lunches

This table shows a yearly gross income for each family size. If your household is at or below the income listed for the number of people in your household, you are eligible to receive food.

Income Guidelines				
Household Size	Annual Income	Monthly Income		
1	\$25,760	\$2,146		
2	\$34,840	\$2,903		
3	\$43,920	\$3,660		
4	\$53,000	\$4,416		
5	\$62,080	\$5,173		
6	\$71,160	\$5,930		
For Each Additional Person, Add	\$9,080	\$756		

Name:

In accordance with Federal civil rights law and U.S Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity Ln any program or activity conducted or funded by USDA

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf. hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found on line at: http:// www.ascr.usda.gov/com plaintiff iling_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the com plaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: Policy Memorandum No. F0-036 Page 6

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 In dependence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I certify that my yearly gross ho use hold income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject to criminal prosecution under State and Federal law.

Signature	Date