Name: _____ **Date of Intake**: _____

Address: _____ Proof of address provided ☐

City: _____ State: NY Zip Code: _____ Phone Number: _____

Total individuals in household:

Infants (< 2) ____ Toddlers (2-5) ____ Children (6-17) ____ Adults (18-59) ____ Seniors (60+) ____

Please list and provide identification for each person in your household
(*use additional sheets if necessary)

First Name	Last Name

Statement of Service

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. If you are currently homeless or in a transitional/temporary housing situation, please let the staff/volunteer assisting you know that you may not be able to provide a current address. To assist all of those in need, this agency may limit the services they provide to a defined area and number of times per month you may return.

Are you (or anyone in your house) 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, or you receive any of the above services, you are eligible to receive food.

Household Size	Annually
1	$25,760
2	$34,840
3	$43,920
4	$53,000
5	$62,080
6	$71,160
Each additional	$9,080

Non-Discrimination Statement

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 administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.
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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 complaint form, call (866) 632-9992.
Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

I certify that my yearly gross household 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 for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Date	Client Signature	Staff Initials

If you are authorizing someone else to pick-up on your behalf, please print name below or attach proper documentation.

Additional Notes & Comments: