



# MOBILE PANTRY REGISTRATION FORM

Date: \_\_\_\_\_

Site: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town & zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_

Number of children under 18 in household: \_\_\_\_\_

## QUALIFYING REASON (PLEASE CIRCLE AND CHECK WHERE APPROPRIATE)

1. TANF (Temporary Assistance for Needy Families – Social Services Program)
2. FOOD STAMPS/SNAP \_\_\_\_\_ Ran out/insufficient \_\_\_\_\_ Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Not received
3. SSI (Supplemental Security Income) – NOT SOCIAL SECURITY
4. WIC (Women, Infants, and Children)
5. MEDICAID
6. LOW INCOME (see USDA guidelines on this sheet)
7. DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: \_\_\_\_\_

\_\_\_\_\_

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products “as is” and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household meets the criteria / participates in the program(s) that I have checked on this form.

### 2021 Gross Monthly Income Limits for Eligibility (185% of poverty)

People in Household	Max. Income
1	\$1,800
2	\$2,426
3	\$3,051
4	\$3,667
5	\$4,303
6	\$4,929
7	\$5,555
8	\$6,181

Each add. person +\$626

CLIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

NOTES: