FOOD SERVICE INTAKE FORM

MEMBER OF GOD'S PANTRY FOOD BANK
www.godspantry.org

Applicant's Name _____ Birth Date_____

Address _____

City, Zip Code (must show proof of residency)
_____

Number in household _____

RECIPIENT—— Please **READ STATEMENT BELOW**, **SIGN** and **DATE** after each service

PARTICIPANT - You cannot receive commodities more than once a month

Commodities served?	CLIENT SIGNATURE	DATE	Denial code
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			
YES NO			

This facility is operated in accordance with the U.S. Department of Agriculture Policy, which prohibits discrimination on the basis of race, color, national origin, age, sex and disability

Income eligibility guidelines for USDA Commodities

Household Size	Monthly Income
1	$1,180
2	$1,594
3	$2,008
4	$2,422
5	$2,836
6	$3,249
7	$3,663
8	$4,077

Each Additional Family Member $ +414

APPLICANT-PLEASE READ

I certify that my monthly gross household income is at or below the guidelines on the left based on the number of persons in my household. I also certify that, as of today, my household resides in the geographic area served by this Kentucky Emergency Food Assistance Program agency as determined by the administering Food Bank and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. I understand that making false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Denial Codes

01 Excess Income 02 Already served this month 03 Not a resident of the area

REVISED 06/11