

BARRINGTON COMMUNITY FOOD PANTRY

EMERGENCY FOOD ASSISTANCE PROGRAM

Please Print

Applicant Name: _____ Phone: _____

Name of Spouse or other adult in household: _____

Street Address: _____

Mailing Address (if different) _____

How many in household? _____ How many age 60 and over? _____ How many 18 and under? _____

SECTION I: Program Eligibility

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs. If so please check every program that applies to your household.

Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
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| <input type="checkbox"/> Fuel Assistance
<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Commodity Supplemental Food Program (CSFP)
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD)
<input type="checkbox"/> Head Start | <input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid (State Welfare)
<input type="checkbox"/> Aid to Needy Blind
<input type="checkbox"/> Old Age Assistance
<input type="checkbox"/> Subsidized Housing (Rental Subsidy)
<input type="checkbox"/> County, City, or Town Welfare |
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SECTION II: Income Eligibility

If you placed a checkmark next to **at least one** program in Section I, **DO NOT COMPLETE SECTION II.**

Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your combined **Gross Yearly Household Income** at or below the following guidelines?

1 - \$21,775	3 - \$37,167	5 - \$52,559	7 - \$67,951
2 - \$29,471	4 - \$44,863	6 - \$60,255	8 - \$75,647

I, hereby, certify that the above information is true and accurate. I understand that it is sought in connection with the receipt of one household allotment of surplus food. This food is not to be sold or exchanged.

Signature of Recipient

Date