



Client Registration and Re-Validation Form Somerset County Mobile Food Bank Inc.

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First Name

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Last Name

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Street Address

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Apt #

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Zip

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Approved

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Date

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Do you use a local Food Pantry?

Yes

No

Has anyone in your house become unemployed in past year?

Yes

No

Does anyone receive SNAP (Food Stamps)?

Yes

No

Phone #

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How many Males?

How many Females?

How many disabled persons are in your household?

How many veterans are in the household

How many people live in your household?

Please list the **ages of every person** in your household:

Signature

Date

(Your signature attests that you meet the income qualifications for the food distribution.)



Children (0-17) _____
 Adults _____
 Seniors (60 and up) _____

Bureau of Food Assistance

The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2023 to June 30, 2024

 Recipient Name

 Agency Representative Signature Date

 Street Address

 Distribution Site Name Number

 City State Zip

 Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Total Household Income (based on 185% of Poverty)				
Household Size				
Circle One	Annual	Monthly	Weekly	
1	\$ 26,973	\$ 2,248	\$ 519	
2	\$ 36,482	\$ 3,040	\$ 702	
3	\$ 45,991	\$ 3,833	\$ 884	
4	\$ 55,500	\$ 4,625	\$ 1,067	
5	\$ 65,009	\$ 5,417	\$ 1,250	
6	\$ 74,518	\$ 6,210	\$ 1,433	
7	\$ 84,027	\$ 7,002	\$ 1,616	
8	\$ 93,536	\$ 7,795	\$ 1,799	
<i>For each additional family member add:</i>	\$ 9,509	\$ 792	\$ 183	

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY 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.

 Recipient Signature

 Date



Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT