Name:			 	July 2020- June 2	021 Intake
Address:				Proof of address provided	
School District:		Phone:			
Email:					
Total individuals in household:	Children (0-17)	Adults (18	-64)	Seniors (65+)	
	Please list inc	dividual househol	d members be	elow:	
Statement of Service: As a client of the any other program to receive assistan inability to prove address. You will not	ce. You will not be turn	ed away on your t	first visit beca	iuse of a lack of identification, lack of	
To assist all of those in need, this Food may return.	1 Bank partner <u>may</u> limi	it the services the	y provide to a	ı defined area and number of times p	er month you
Questions may be directed to Food Ba	nk of Central New York,	, Agency Relation	s Department	by calling 315-437-1899.	
Are you (or anyone in your house) awa	are of, receiving, or have	you applied for	any of the foll	lowing:	
SNAP □ WIC □ TANF □	Unemployment \square	Disability 🗆	SSI 🗆	Free / Reduced School Lunches]
This table shows a yearly gross in	ncome for each family people in your hous	,		t or below the income listed for the ceive food.	e number of
		Income	_		
Household Size		Annually		Monthly	
1		\$25,520		\$2,127	
2		\$34,480		\$2,873	
3		\$43,440		\$3,620	
4		\$52,400		\$4,367	
5		\$61,360		\$5,113	
6		\$70,320		\$5,860	



\$8,960

\$746

Each Additional add

funded by USDA.	•
Persons with disabilities who require alternative means of communication for program information (e.g. Braican Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuor have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionande available in languages other than English.	als who are deaf, hard of hearing
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA a 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: Policy Memorandum No. FD-036 Page 6 (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independen 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.	ce Avenue, SW Washington, D.C.
This institution is an equal opportunity provider.	
I certify that my yearly gross household income is at or below the income listed on this form for households as my household, OR that my household participates in the program that I have checked on this form. I also household lives in the area served by the Emergency Food Assistance Program. This certification form is bei the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be tr false statement may result in having to pay the State for the value of the food improperly issued to me and recution under State and Federal law.	certify that, as of today, my ng completed in connection with ue. I understand that making a
Signature	Date

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or

Name:

Coordinator: Please use a second intake form if necessary.

July 2020- June 2021 Intake