



Montgomery Area Food Bank Mobile Pantry Participation Client Eligibility Criteria Form



PLEASE NOTE: This is a Montgomery Area Food Bank FREE Food Distribution

Please Note to Food Recipients:

- YOU ARE NOT REQUIRED TO PAY ANY FEE OR DONATION.**
- DO NOT PROVIDE ANY PART OF YOUR SOCIAL SECURITY NUMBER.**

Agency Directions: Make copies of this form. Use ONE form for each head of household. Keep completed forms in a notebook in alphabetical order. Each time the client returns to one of your Mobile Pantries during the stated Fiscal Year, you only need to have them sign on the Mobile Pantry Sign-In Sheet with the date and signature for that visit. Retain both documents in your files for three years.

Name (Last, First, Middle)			
Address (NO PO Boxes)			
City, State, Zip			
Phone Number		No. in Household	_____

HOW MANY OF EACH AGE GROUP IS IN THIS HOUSEHOLD?

0-12 _____ 13-18 _____ 19-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60-69 _____ 70 and above _____

HOW MANY MILITARY VETERANS IN THIS HOUSEHOLD? _____

ELIGIBILITY DETERMINATION

(Please check one or more boxes below to determine eligibility)

- My household receives food stamps.
- My household receives aid to families with dependent children.
- My household receives supplemental security income (SSI).
- My household income is at or below the poverty level (as indicated by the chart below).

- My household has special circumstances (example: fire, flood, injury)
Please explain special circumstances:

If you checked the box above "Income at or below the poverty level. . . ." use the following table.
This table is effective as of July 1, 2018 to June 30, 2019

Household Size	Per Year	Per Month	Per Week
1	\$15,782	\$1,316	\$304
2	\$21,398	\$1,784	\$412
3	\$27,014	\$2,252	\$520
4	\$32,630	\$2,720	\$628
5	\$38,246	\$3,188	\$736
6	\$43,862	\$3,656	\$844
7	\$49,478	\$4,124	\$952
8	\$55,094	\$4,592	\$1,060
For each additional Family Member, Add	+5,616	+468	+108

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. To receive USDA product, I also certify that, as of today, my household lives in the area served by the Alabama Emergency Food Assistance Program. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of USDA commodities improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature of Participant

Date

USDA, Feeding America, and MAFB are equal opportunity providers and employers.