



Feeding Hope
Across
Alabama

Montgomery Area Food Bank

Mobile Pantry Participation

Client Eligibility Criteria Form



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, 2019 to June 30, 2020

Household Size	Per Year	Per Month	Per Week
1	\$16,237	\$1,354	\$313
2	\$21,983	\$1,832	\$423
3	\$27,729	\$2,311	\$534
4	\$33,475	\$2,790	\$644
5	\$39,221	\$3,269	\$755
6	\$44,967	\$3,748	\$865
7	\$50,713	\$4,227	\$976
8	\$56,459	\$4,705	\$1,086
For each additional Family Member, Add	+5,746	+479	+111

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

NOTE: 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.