

## Request for North Kingstown Food Pantry Food Services

**Complete this form and bring it with your proof of North Kingstown residency and a photo ID to the Pantry at 445 School Street during our open hours.**

I am requesting FOOD for a total of \_\_\_\_\_ household members.

Head of Household: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: Male / Female Ethnicity \_\_\_\_\_  
Asian Black Hispanic Native AM White Other

Address: \_\_\_\_\_, Apt. # \_\_\_\_\_, N. Kingstown, RI 02852

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Photo ID # \_\_\_\_\_

Housing: RENT OWN HOMELESS OTHER

Total Combined Household Income: \$\_\_\_\_\_ per month

List All Other Household Members:

Name	Date of Birth	Ethnicity	Male / Female
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	
_____	_____	_____	M F
		<small>Asian Black Hispanic Native AM White Other</small>	

**Certification:** I certify that the information provided on this request is true, and I understand that providing false information will disqualify me from this program. I authorize the North Kingstown Food Pantry to give and receive specific information to or from other community and/or government agencies in order to best serve the needs of my household.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Request rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Residency rec'd: \_\_\_\_\_ Photo ID rec'd \_\_\_\_\_ **HH #** \_\_\_\_\_

**The Emergency Food Assistance Program (TEFAP)  
Application/Self-Declaration of Eligibility Form  
For Use During the Coronavirus Crisis**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Number of Households: \_\_\_\_\_

You are automatically eligible if you receive any of the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Child Care Assistance      | <input type="checkbox"/> Medicaid           | <input type="checkbox"/> SSI or SSDI          |
| <input type="checkbox"/> Energy Assistance (LIHEAP) | <input type="checkbox"/> RIWorks            | <input type="checkbox"/> Temporary Disability |
| <input type="checkbox"/> General Public Assistance  | <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Unemployment         |
| <input type="checkbox"/> Refugee Cash Assistance    |   |   |

The table below shows a monthly gross income for each household size at 300% Federal Poverty Level. If your household is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP commodities.

Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	3,123	4,229	5,333	6,438	7,544	8,648	9,783	10,859	11,966	13,073

Please read the following statement carefully, then sign the form and write in today's date:

I certify that my monthly gross household income is at or below the 300% FPL income level listed on this form for households with the same number of people as my household, OR that I am currently enrolled in the program checked off above. I also certify that, as of today, my household lives in the area served by the Rhode Island Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. 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 the food improperly issued to me and may subject me to criminal prosecution under State and Federal Law.

**Client does not have to sign but may give verbal attestation, that is, say, "Yes, I certify these statements apply to my household." Site Worker should make a record of the household.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date