

Request for North Kingstown Food Pantry Food Services

HH# _____

I am requesting FOOD for a total of _____ household members. Proof of Residency _____

DATE

My Name Is:

Photo ID rec'd _____

DATE

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

How did you hear about us? Social Media TV/Newspaper Word of Mouth Other _____

Does anyone in your household have any dietary restrictions? Yes / No (check all that apply)

Gluten Free Peanut Allergy Low/No Sugar Low Salt Other Allergy _____

***NOTE** – The Pantry will do its best to provide these preferences, but we cannot make any guarantees. Clients should review all items to ensure that there is nothing included that they should not consume due to an allergy or medical condition.

****I have read and understand the above statement. _____

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 service and/or government agencies in order to best serve the needs of my household.

Applicant Signature: _____ Date: _____

Application Taken by: _____ Date: _____

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

2021-2022

HH ID# _____

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	\$3,220	\$4,355	\$5,490	\$6,625	\$7,760	\$8,895	\$10,030	\$11,165	\$12,300	\$13,435

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.

Signature

Date