

# 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	
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F
_____	_____	Asian Black Hispanic Native AM White Other	M	F

**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

HH ID# \_\_\_\_\_

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

Please Print Clearly

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

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

You are automatically eligible if you, or anyone in your household receives 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 yearly gross income for each family size. 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. This chart represents 300% of the Federal Poverty Line.

Household Size	1	2	3	4	5	6	7	8	9	10
Annual Income	45,180	61,320	77,460	93,600	109,740	125,880	142,020	158,160	174,300	190,440

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

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 I or someone in my household is 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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.