

HOLY TRINITY FOOD PANTRY  
Pike County 2009 – 2010  
State Food Purchase Program/TEFAP Client Data

\_\_\_\_\_  
Name SSN

\_\_\_\_\_  
"Spouse" SSN

\_\_\_\_\_  
Mailing Address Only

# of Adults (18-59) \_\_\_\_\_ # of Children (0-17) \_\_\_\_\_ # of Seniors (60+) \_\_\_\_\_

Food Stamp Recipient: YES \_\_\_\_\_ How much \$ \_\_\_\_\_ Medicaid Recipient: YES/NO  
NO \_\_\_\_\_

INCOME SUMMARY

Wages \_\_\_\_\_ Unemployment \_\_\_\_\_ Pension \_\_\_\_\_  
Misc \_\_\_\_\_ Cash Assistance \_\_\_\_\_ Disability \_\_\_\_\_  
Child Sup \_\_\_\_\_ Social Security \_\_\_\_\_ Total \_\_\_\_\_

The State Food Purchase and TEFAO Programs are operated in accordance with the United States Department of Agriculture, policy which prohibits discrimination on the basis of race, color, sex, age, handicap, religion or national origin. Eligibility is based upon total household income falling below the following income guidelines:

<u>TOTAL HOUSEHOLD INCOME EFFECTIVE 7/1/08 - 6/30/09</u>			
<u>Household Size</u>	<u>Annual</u>	<u>Month</u>	<u>Week</u>
1	16,245	1,354	312
2	21,855	1,821	420
3	27,465	2,289	528
4	33,075	2,756	636
5	38,685	3,224	744
6	44,295	3,691	852
7	49,905	4,159	960
8	55,515	4,626	1,068
For Each Additional Household Member Add:	5,610	450	108

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by the PA Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. I understand that making a false statement may result in my having to pay for the value of food improperly issued to me and may subject me to criminal prosecution under state and federal law.

\_\_\_\_\_  
PANTRY SIGNATURE

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE