



Richmond Area Food Pantry

Mailing: PO Box 74
Physical: 15 Spruce Street
Richmond, Maine 04357
Phone: 207-607-2777

in HH _____

RAFP Registration Form

Name: _____

Address: _____

Proof of Address: _____

Phone #: _____ Email: _____

Household Members

| Name | Birthdate | Relationship to Client | Name | Birthdate | Relationship to Client |
|---------|-----------|------------------------|----------|-----------|------------------------|
| 1 _____ | | | 6 _____ | | |
| 2 _____ | | | 7 _____ | | |
| 3 _____ | | | 8 _____ | | |
| 4 _____ | | | 9 _____ | | |
| 5 _____ | | | 10 _____ | | |

Estimated Income Per Month: \$ _____

Please include all income for every member of the household over eighteen years of age receiving wages, unemployment, or assistance such as alimony or child support.

Income Sources: Employment Hrs/Wk _____ SNAP TANF SS SSI SSDI
(Check all that apply.) Retirement Alimony HEAP Child Support

Other source not listed above: _____

NOTE: If your total income **exceeds** the TEFAP guidelines, please bring in current receipts for child care, medical insurance, medical bills, perscription medication receipts you pay out of pocket to be subtracted from the total.

Only fill out these two questions if you're over the TEFAP income guidelines:

Total amount of out of pocket expenses verified by the registrar: \$ _____

Net income after these verified out of pocket expenses are paid: \$ _____

Signature: _____ Date: _____

Registrar: _____

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBILITY TO TAKE FOOD HOME**

Name: _____
Address: _____

Number of people in
Household: _____

Telephone # _____ (Optional)

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

State of Maine TEFAP Income Guidelines

July 1, 2021 to June 30, 2022
185% of Maine Poverty Guidelines

| Household Size | Annual | Month | Week |
|-------------------------|----------|---------|---------|
| 1 | \$23,828 | \$1,986 | \$458 |
| 2 | \$32,227 | \$2,686 | \$620 |
| 3 | \$40,626 | \$3,386 | \$781 |
| 4 | \$49,025 | \$4,085 | \$943 |
| 5 | \$57,424 | \$4,785 | \$1,104 |
| 6 | \$65,823 | \$5,485 | \$1,266 |
| 7 | \$74,222 | \$6,185 | \$1,427 |
| 8 | \$82,621 | \$6,885 | \$1,586 |
| For Each Additional Add | +\$8,399 | +\$700 | +\$162 |

You also may be eligible to receive food from TEFAP if your income is greater than that shown in the above table providing you are unable to meet the nutritional needs of your household due to an emergency situation.

Please read the following statement carefully and then sign the form with today's date.

I certify that my annual household gross income is at or below the income listed on this form for households with the same number of people as my household or that the household's nutritional needs are not being met due to an emergency situation or that I have established eligibility in one of the following: a) LIHEAP; b) TANF; c) SSI; d) Medicaid; e) Elderly Low Cost Drug Program; f) Elderly Tax and Rent Refund; or g) SNAP (formerly food stamps). This certification is being submitted 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 agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

(Signature)

(Date)

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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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-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.

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