



Richmond Area Food Pantry

in HH _____

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

Registration Form 2020-2021

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.

Otherwise, please skip this section.

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, 2020 to June 30, 2021
185% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$23,606	\$1967	\$454
2	\$31,894	\$2658	\$613
3	\$40,182	\$3348	\$773
4	\$48,470	\$4039	\$932
5	\$56,758	\$4730	\$1092
6	\$65,046	\$5424	\$1251
7	\$73,334	\$6111	\$1410
8	\$81,622	\$6802	\$1570
For Each Additional Add	+\$8,288	+\$691	+\$159

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)

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.