

# First Church Stoneham Food Pantry Client Registration

*All information is kept confidential*

Date received \_\_\_\_\_

<b>First Name:</b>		<b>Last Name:</b>	
<b>Telephone #:</b>		<b>Email:</b>	
<b>Street Address:</b>		<b>Apt #:</b>	<b>Stoneham MA 02180</b>
<b>Housing:</b> ___Rent    ___Own    ___Homeless		Other: _____	
<b>How did you hear about us (check one) :</b> ___Internet Search    ___Social Media    ___Food Pantry Client ___Social Services Agency    Other: _____			
<b>Your Reason for Contacting Us (check one):</b> ___Employed, financially challenged (EFC)    ___Unemployed (UNE) ___Retired, financially challenged (RFC)    ___Permanently Disabled    ___Temporary Illness (III)			
<b>Ethnicity:</b> ___White/Caucasion    ___Asian/Asian Pacific    ___Hispanic/Latino    ___African American/Black ___Native American/Indigenous    ___Middle Eastern    ___North African    ___Multi-Racial			
<b>Applicant's Gender:</b> ___Female    ___Male    ___Other		<b>Your Age:</b> ___18 – 64    ___65 or older	

**Please list all other individuals in your household.**

Full Name	Date of Birth	Gender	Reason for Need, see explanations above, circle one for each household member
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student
		F    M	EFC    UNE    RFC    DIS    III    Student

**Number of U.S. Veterans in your household:** \_\_\_\_\_

By signing below, I affirm that I/we do not have the funds to obtain sufficient food for my/our household. I certify that the information provided above is true and understand that providing false information can disqualify me from this program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and submit this form only if your household qualifies based on the income chart below.

The Emergency Food Assistance Program (TEFAP)  
Household Eligibility Criteria Form

**Distribution Site:**  
First Church Stoneham Food Pantry  
1 Church St, Stoneham, MA 02180

Current Date: \_\_\_\_\_

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

Phone Number (for product recalls): \_\_\_\_\_

Zip Code / County: 02180 / Middlesex

**Number of people in household:**  
\_\_\_\_\_

# all of Household Members	Annual Income	Monthly Income	Weekly Income
1	\$ 39,900	\$ 3,325	\$ 767
2	\$ 54,100	\$ 4,508	\$ 1,040
3	\$ 68,300	\$ 5,692	\$ 1,313
4	\$ 82,500	\$ 6,875	\$ 1,587
5	\$ 96,700	\$ 8,058	\$ 1,860
6	\$ 110,900	\$ 9,242	\$ 2,133
7	\$ 125,100	\$ 10,425	\$ 2,406
8	\$ 139,300	\$ 11,608	\$ 2,679
For each additional household member, add:	\$ 14,200	\$ 1,183	\$ 273

I certify that my gross household income is **at or below the income** listed in the above chart for the number of people in my household. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
Date

**Authorized Representative (Proxy)**

I hereby authorize (print name) \_\_\_\_\_ to pick up food for my household.

Date: \_\_\_\_\_

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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, audiotape, 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:

**mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**fax:** (833) 256-1665 or (202) 690-7442; or

**email:** [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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