

## Trade Mitigation Mobile Pantry

- Partner works with Dave Weddle [dweddle@fbd.org](mailto:dweddle@fbd.org) or **302-444-8129**, Mobile Pantry Coordinator, to select a date (please give us a couple for matching up our calendars) and location.
- Partner pre-registers (see attached short in-take form) members of the community. It must be a minimum of 50 people, however we can do much larger if you let us know your thoughts/intentions.
- Ensure the in-take forms are sent to Dave Weddle at [dweddle@fbd.org](mailto:dweddle@fbd.org) prior to the mobile pantry so we develop our distribution sheet and plan the appropriate amount of product.
- Have a sufficient number of volunteers (10, minimum), based on the size distribution, to work the event that day with our team.



**MOBILE PANTRY  
INTAKE FORM**

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

Do you live in Delaware? Circle YES OR NO

Are you over 50? Circle YES OR NO

**\*\*Please look below at the income chart. Look for your family size. Is your total household income (not just your income) ABOVE or BELOW (circle above or below) the income listed for your household size?**

| Family Size                            | Annual Income | Monthly Income | Weekly Income |
|--|---------------|----------------|---------------|
| 1                                      | 23,107        | 1,926          | 445           |
| 2                                      | 31,284        | 2,607          | 602           |
| 3                                      | 39,461        | 3,289          | 759           |
| 4                                      | 47,638        | 3,970          | 917           |
| 5                                      | 55,815        | 4,652          | 1,074         |
| 6                                      | 63,992        | 5,333          | 1,231         |
| 7                                      | 72,169        | 6,015          | 1,388         |
| 8                                      | 80,346        | 6,696          | 1,546         |
| For each additional family member add: | +8,177        | +682           | +158          |

**Please see reverse side for full USDA Civil Rights Statement**

**Please read the following statements carefully. Then SIGN the form and write in today's date.**

I certify that my annual 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 my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Delaware 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.

I release the Food Bank of Delaware, its partner agencies, subsidiaries and distribution locations, including their officers, employees, and volunteers from any liability resulting from the Mobile Pantry distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the Mobile Pantry program.

Applicant  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**MOBILE PANTRY  
INTAKE FORM**



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

Do you live in Delaware? Circle YES OR NO

Are you over 50? Circle YES OR NO

**\*\*Please look below at the income chart. Look for your family size. Is your total household income (not just your income) ABOVE or BELOW (circle above or below) the income listed for your household size?**

| Family Size                            | Annual Income | Monthly Income | Weekly Income |
|--|---------------|----------------|---------------|
| 1                                      | 23,107        | 1,926          | 445           |
| 2                                      | 31,284        | 2,607          | 602           |
| 3                                      | 39,461        | 3,289          | 759           |
| 4                                      | 47,638        | 3,970          | 917           |
| 5                                      | 55,815        | 4,652          | 1,074         |
| 6                                      | 63,992        | 5,333          | 1,231         |
| 7                                      | 72,169        | 6,015          | 1,388         |
| 8                                      | 80,346        | 6,696          | 1,546         |
| For each additional family member add: | +8,177        | +682           | +158          |

**Please see reverse side for full USDA Civil Rights Statement**

**Please read the following statements carefully. Then SIGN the form and write in today's date.**

I certify that my annual 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 my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Delaware 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.

I release the Food Bank of Delaware, its partner agencies, subsidiaries and distribution locations, including their officers, employees, and volunteers from any liability resulting from the Mobile Pantry distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the Mobile Pantry program.

Applicant  
Signature \_\_\_\_\_

Date \_\_\_\_\_