



USDA FOOD INTAKE FORM

Name: _____

Address: _____

****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	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,823	6,186	1,428
8	82,621	6,886	1,589
For each additional family member add:	+8,399	+700	+162

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 _____



USDA FOOD INTAKE FORM

Name: _____

Address: _____

****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	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,823	6,186	1,428
8	82,621	6,886	1,589
For each additional family member add:	+8,399	+700	+162

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 _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

Please note: You have the right to appeal this decision. To do so, please contact your service provider.

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the certifying agency listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the certifying agency.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

Please note: You have the right to appeal this decision. To do so, please contact your service provider.

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the certifying agency listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the certifying agency.