

## Covenant Cupboard Food Pantry Enrollment (Please Print. Complete all topics highlighted in yellow.)

<b>Last Name</b>				<b>First Name</b>						
<b>Street # and name</b>				<b>Apt #</b>	<b>City</b>			<b>ZIP Code</b>	<b>Verified by</b>	<b>Date</b>
<b>County</b>				<b>Telephone</b>				<b>Notes</b>		
List yourself and all others living in your household below List yourself first.										
<b>Last Name</b>	<b>First Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Race</b>	<b>Relationship</b>	<b>Verified by</b>	<b>Date</b>
1								<i>self</i>		
2										
3										
4										
5										
6										
7										
8										
9										
<b>Check services you receive:</b>		I certify with my signature that I am a resident of the service area of this agency, all household members receive some form of public assistance or have a gross monthly income that does not exceed the guidelines shown to me by the Covenant Cupboard volunteer, and members of my household have not received TEFAP foods during the current month.				<p><b>Nondiscrimination Statement</b></p> <p>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.</p> <p>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.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, 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 you completed form or letter to USDA by:</p> <ol style="list-style-type: none"> <li>1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</li> <li>2. fax: (202) 696-7442; or</li> <li>3. email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></li> </ol> <p>This institution is an equal opportunity provider.</p>				
AB	Aid to Blind									
AND	Aid to Disabled									
TANF	Temporary Family Aid									
LEAP	Heating Aid									
OAP	Old Aid Pension									
SNAP	Food Stamps									
SSDI	Social Service Disability	<b>Client Signature:</b>			<b>Date</b>					
		<b>Volunteer Signature:</b>			<b>Choice shop</b>					

# Welcome to Covenant Cupboard Food Pantry!

During the pandemic, it is NOT necessary to sign up for your family to receive food from Covenant Cupboard.



However, there are benefits to becoming a registered client.

- It helps us plan, so everyone who comes on Friday afternoons receives sufficient food.
- It makes the check-in process go more smoothly.
- It qualifies you to receive any special distribution items, such as Thanksgiving turkeys and children's holiday gifts. Only enrolled clients receive these.

If you would like to enroll, please follow these directions to fill out your enrollment form and return the form at your next visit to CCFP. You may receive a follow-up phone call if we need to confirm any information.

**STEP 1:** On the top line, write the name of the family member who will come to CCFP most often. This is the name in which the account will be enrolled. Please write first and last names **EXACTLY** as they appear on the ID card to avoid any confusion.

**STEP 2:** Complete the rest of your contact information (highlighted items only) at the top of the form.

**STEP 3:** In the rows provided, enter information about each household member, starting with the member whose name was listed above. Include everyone in the household to assure that you receive enough food. Birthdates are important for certain distribution items. Ethnicity can be entered as Hispanic (H) or other (O), and race should be entered in whatever manner you, the client, prefer.

**STEP 4:** Fill out the bottom of the form to determine how you qualify. On the left side, check off any public assistance programs in which you are currently enrolled. Review the income guidelines provided on the other side of these instructions; sign and date at the bottom center to confirm that your household income falls below those guidelines.

**Questions?** If you have any questions about how to complete the form, please fill out as much information as possible and write "CONTACT ME" somewhere on the form. We will call you a few days after receiving your form to answer your questions.

**Remember:** You do not need to register by completing this form to continue to receive food, but it sure helps us.

# TEFAP Income Guidelines

Effective through summer 2021

Household Size	Weekly Gross Income	Biweekly Gross Income	Monthly Gross Income
Número de personas en el hogar:	Ingresos Semanales Combinados del Hogar	Ingresos Quincenales Combinados del Hogar	Ingresos Mensuales Combinados del Hogar
1	490.77	981.54	2,126.67
2	663.08	1,326.16	2,873.33
3	835.38	1,670.76	3,620.00
4	1,007.69	2,015.38	4,366.67
5	1,180.00	2,360.00	5,113.33
6	1,352.31	2,704.62	5,860.00
7	1,524.62	3,049.24	6,606.67
8	1,696.82	3,393.84	7,353.33
9	1,869.23	3,738.46	8,100.00
10	2,041.54	4,083.08	8,846.67
11	2,213.85	4,427.70	9,593.33
12	2,368.16	4,772.32	10,340.00
For each additional household member, add:	<i>172.31</i>	<i>344.62</i>	<i>746.67</i>

- These guidelines are based on 185% of the federal poverty guidelines.
- **Households receiving government aid are always eligible for TEFAP food.**