

PANTRY NAME: Pleasant Valley Ecumenical Network (PVEN)
 For Pantry use only. Not for State or Federal Food

Application for Temporary Assistance

Name: _____ ID#: _____

Address: _____ Telephone # _____

Town/State/Zip: _____ Date: _____

Mailing Address (if different): _____ Township: _____

Head of Household Date of Birth: _____ Monthly Income: \$ _____

List Household Members

Name	Relationship	Date of Birth	Female	Male

Consumer is: (circle one) **New** **Renewal** **Information Changed**

Reason for Need: <input type="checkbox"/> Emergency <input type="checkbox"/> Below 150% <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____ _____	TEFAP SELF DECLARATION OF NEED			
	TOTAL HOUSEHOLD INCOME 2010-2011 (based on 150% of Poverty)			
	Household Size	Annual	Month	Week
	1	\$16,335	\$1,361	\$314
	2	22,065	1,839	424
	3	27,795	2,316	535
	4	33,525	2,794	645
	5	39,255	3,271	755
	6	44,985	3,749	865
	7	50,715	4,226	975
8	56,445	4,704	1,085	
<i>For each additional household member add:</i>		\$5,730	\$478	\$110

Are you currently receiving or have you received services from another food pantry? YES ___ NO ___

Inaccordance with Federal law and United States Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you feel you have been discriminated against, please complete The Emergency Food Assistance Program (TEFAP) Civil Rights Discrimination Complaint Form and send it to the Regional Civil Rights Director, USDA/FNS, 300 Corporate Boulevard, Robbinsville, New Jersey 08691-1598 or to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD).

Applicant signature: _____ Date: _____

Intake person's signature: _____ Date: _____