



CUPBOARD INTAKE FORM
Effective: July 1, 2008 to June 30, 2009 DATE: _____
Site/Agency: Lamb Foundation Cornucopia Cupboard



Name: _____

Address: _____

City: _____

Phone: _____

I recognize that CADCOM will receive this information

Signature _____ Date _____

Choose the maximum total income for your household

	Annual Income	Monthly Income
	less than \$15,600	less than \$1,300
	\$21,000	\$1,750
	\$26,400	\$2,200
	\$31,800	\$2,650
	\$37,200	\$3,100
	\$42,600	\$3,550
	\$48,000	\$4,000
	\$53,000	\$4,450

Do you receive or have you applied for Food Stamps? **Y N**

Would you like more info about applying for Food Stamps? **Y N**

Is this your first time at this food cupboard? **Y N**

What other food cupboards have you been to in Montgomery County?

Please fill out the following information for every member of your household:

Name	Age				Highest Grade Completed	Employed in the last 3 months	Receives Social Security Benefits	Race
	0-8	9-17	18-59	60+				
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	
						Y N	Y N	

Continue on back if needed



The Montgomery County Community Action Development Commission

PA Department of Agriculture
State Food Purchase Program
The Emergency Food Assistance Program
Self Declaration of Need
(Based on 150% of Poverty Guidelines)



* "Helping People. Changing Lives."

Effective: July 1, 2008 to June 30, 2009 Fiscal year 2008-2009

The TEFAP program is operated in accordance with the United States Department of Agriculture guidelines prohibiting discrimination on the basis of race, color, sex, age, handicap, religion, marital status, sexual orientation or national origin. You are eligible if your household earns less than the income measured below.

INSTRUCTIONS:

- Indicate (in the grids to the right):
 - the **maximum total income** for your household
 - the number of people in your household
- Fill out the personal information below.

	ANNUAL INCOME	MONTHLY INCOME
	less than \$15,600	less than \$1,300
	\$21,000	\$1,750
	\$26,400	\$2,200
	\$31,800	\$2,650
	\$37,000	\$3,100
	\$42,600	\$3,550
	\$48,000	\$4,000
	\$53,000	\$4,450

for each additional household member add: \$5,400 \$450

Household Members

<p><u>List the number of each:</u></p> <p>_____ Children (0-17)</p> <p>_____ Adults (18-59)</p> <p>_____ Elderly (60+)</p> <p>_____ Total</p>

I understand the household income limitations. I hereby certify that all information given is truthful and accurate making me eligible for participation in the program.

<p>_____</p> <p align="center">Customer Name</p> <hr/> <p>Street Address Apt. #</p> <hr/> <p>City Zip Code</p> <hr/> <p align="center">Phone Number</p> <hr/> <p>Social Security Number</p> <hr/> <p>Signature Date</p>	<p align="center"><u>Cornucopia Cupboard</u></p> <p align="center">Name of Agency Representative</p> <p align="center"><u>Lamb Foundation</u></p> <p align="center">Distribution Site</p> <p>The following questions are for research purposes. They will not be used to deny you food. You are allowed both Food Stamps and cupboard food.</p> <p>Have you applied for Food Stamps in the past 3 months? Y N</p> <p>Do you currently receive Food Stamps? Y N</p> <p>Would you like to apply for Food Stamps? Y N</p>
---	---