



**CUPBOARD INTAKE FORM**  
*Effective: July 1, 2010 to June 30, 2011*  
**Agency: Lamb Foundation - Cornucopia Cupboard**



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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: (optional) \_\_\_\_\_

*I recognize that CADCOM will receive this information*

\_\_\_\_\_  
 Signature Date

Do you receive or have you applied for Food Stamps? **Yes No**

Would you like more info about applying for Food Stamps? **Yes No**



*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, 2010 to June 30, 2011 Fiscal year 2010-2011***

The Emergency Food Assistance Program (TEFAP) is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination ONLY on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below.

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by the PA Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.



**INSTRUCTIONS:**

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

	<b>Annual</b>	<b>Monthly</b>
	less than \$16,245	less than \$1,354
	\$21,855	\$1,821
	\$27,465	\$2,289
	\$33,075	\$2,756
	\$38,685	\$3,224
	\$44,295	\$3,691
	\$49,905	\$4,159
Add	\$5,610	\$468

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

**I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.**

<p>_____</p> <p align="center"><b>Customer Name</b></p> <hr/> <p><b>Street Address</b> <span style="float: right;"><b>Apt. #</b></span></p> <hr/> <p><b>City</b> <span style="float: right;"><b>ZIP</b></span></p> <hr/> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>	<p align="right">  </p> <p>_____</p> <p align="center"><b>Name of Agency Representative</b></p> <p><b>Lamb Foundation – Cornucopia Cupboard</b></p> <p align="center"><b>Name of Distribution Site</b></p> <p align="center">  </p>
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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).