



ENGLISH

GUIDELINES FOR RECEIVING FOOD

Please be patient as we update our guest data system.

New guests must provide a document to show as proof of their current address. This can be an electric bill, Mail addressed to guest with a postmark, Lease showing address, Bank Statement, etc.

New Guests are asked to complete an application form in full – both sides. Answer all questions including the income section on page 2 – circle the number of people in the household and circle the applicable income level. This information is required by the agencies who fund our food purchases. These grants allow us to provide the food to you.

Regarding household members, please include only those living full-time in the household on the application form.

Only one card is allowed per household address.

GREEN CARD Household Size 1 – 4 persons: Qualified to visit the Pantry once every two weeks.

ORANGE CARD Household Size 5 or more persons: Qualified to visit the Pantry every week.

If you are picking up food for another household, please provide a signed written authorization from the person giving you permission to pick up their food. The written authorization must be legible and must include the name of the guest that is registered in our system. Their card must also be presented.

If anything changes in your household, you must complete a new application.

All guests will be asked to update their information at least once annually.

October 2022

**THE FAMILY PANTRY-DAMIEN'S PLACE
SELF-CERTIFICATION FORM**

To the Applicant: The organization named above is receiving federal funds to support its services. Because of this, we need to collect household income information. This information will be kept confidential.

⇒ _____
First Name Middle Name Last Name

Total Individuals living in household: _____ List individuals below **excluding** applicant:

Full Name	Date of Birth (mm/dd/yyyy)	Relationship to applicant	Nationality (choose the initials from the list below)	Gender

NATIONALITY

W: White (includes Portuguese, Cape Verdean, Hispanic)		
B: Black/African-American	A: Asian	AI: American Indian/Alaskan Native
NH: Native Hawaiian/Pacific Islander	AIB: American Indian/Alaskan Native and Black/African American	AW: Asian and White
BW: Black/African American and White	AIW: American Indian/Alaskan Native and White	O: Other U: Unknown

⇒ _____
Street Address Apt # City/Town State Zip Code

⇒ _____
Cell phone Date of Birth Nationality (from above)

****** TURN THE PAGE OVER TO COMPLETE THE APPLICATION ******

**THE FAMILY PANTRY-DAMIEN'S PLACE
SELF-CERTIFICATION FORM**

Gender: Female Male Non-Binary

Are you head of household? No Yes

Are you a single parent? No Yes

Do you have dependent minor children living with you? No Yes

Do you have a disability? No Yes

Excluding yourself, is there anyone else in the house who is disabled or handicapped..... No Yes
If yes, how many? _____

Number of Hispanic/Latino members living in Household: _____

Are you or your partner a veteran? No Yes

Are you currently receiving Food Stamps? No Yes

OPTIONAL: Were you affected by COVID-19..... No Yes

OPTIONAL: If so, how were you affected? _____

How did you hear about Damien's Pantry? _____

Circle the number of persons in your family AND THE INCOME LEVEL in the table below:

Household Size	1	2	3	4	5	6	7	8
No Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extremely Low Income	\$29,450	\$33,650	\$37,850	\$42,050	\$45,450	\$48,800	\$52,150	\$55,550
Very Low Income	\$49,100	\$56,100	\$63,100	\$70,100	\$75,750	\$81,350	\$86,950	\$92,550
Low Income	\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$129,750	\$138,700	\$147,650

Note: The above information is subject to verification by government officials.

I (WE) CERTIFY THAT THE ABOVE INFORMATION REGARDING MY (OUR) INCOME IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE.

Signature _____ Date _____

Thank you for taking the time to complete this survey. This information will be held confidentially and used only for compliance records.