

ENGLISH



## GUIDELINES FOR RECEIVING FOOD

### **Only one card is allowed per household address.**

Effective 10/15/23, guests from Bristol and Plymouth counties will receive food.

New guests must provide a document to show proof of their current address. This can be an electric bill, Mail addressed to guests 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.

All cardholders (regardless of card color) are invited to visit Damien's Pantry every two weeks.

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.

September 2023

**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**

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

Do you participate in the WIC program? .....  No .....  Yes

**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
<b>No Income</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Extremely Low Income</b>	\$29,450	\$33,650	\$37,850	\$42,050	\$45,450	\$48,800	\$52,150	\$55,550
<b>Very Low Income</b>	\$49,100	\$56,100	\$63,100	\$70,100	\$75,750	\$81,350	\$86,950	\$92,550
<b>Low Income</b>	\$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.**

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

OPTIONAL: If so, how were you affected? \_\_\_\_\_

How did you hear about Damien's Pantry? \_\_\_\_\_

*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 completing this survey. This information will be held confidentially and used only for compliance records.*