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## The Emergency Food Assistance Program

**"Self Declaration of Need"**

Effective July 1, 2010 to June 30, 2011

\_\_\_\_\_  
 Recipient Name

\_\_\_\_\_  
 Agency Representative Signature Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Distribution Site Name Number

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Distribution Site Location

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

<b>Total Household Income (based on 150% of Poverty)</b>				
<b>Household Size</b>				
<b>circle one</b>		<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
<b>1</b>	\$	<b>16,245</b>	\$ <b>1,354</b>	\$ <b>312</b>
<b>2</b>	\$	<b>21,855</b>	\$ <b>1,821</b>	\$ <b>420</b>
<b>3</b>	\$	<b>27,465</b>	\$ <b>2,289</b>	\$ <b>528</b>
<b>4</b>	\$	<b>33,075</b>	\$ <b>2,756</b>	\$ <b>636</b>
<b>5</b>	\$	<b>38,685</b>	\$ <b>3,224</b>	\$ <b>744</b>
<b>6</b>	\$	<b>44,295</b>	\$ <b>3,691</b>	\$ <b>852</b>
<b>7</b>	\$	<b>49,905</b>	\$ <b>4,159</b>	\$ <b>960</b>
<b>8</b>	\$	<b>55,515</b>	\$ <b>4,626</b>	\$ <b>1,068</b>
<i>For each additional family member add:</i>		\$ <b>5,610</b>	\$ <b>468</b>	\$ <b>108</b>

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 Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

**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.**

\_\_\_\_\_  
 Recipient Signature

\_\_\_\_\_  
 Date

In accordance with Federal law and USDA 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 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).