



GREATER BERKS FOOD BANK Pantry Recipient Form

Program _____ Month/Year: _____
 Completed By: _____ Phone Number: _____

TOTAL HOUSEHOLD INCOME FFY 2017-2018

FAMILY SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$18,090	\$1,508	\$348
2	24,360	2,030	468
3	30,630	2,553	589
4	36,900	3,075	710
5	43,170	3,598	830
6	49,440	4,120	951
7	55,710	4,643	1,071
8	61,980	5,165	1,192
Each Additional Add:	\$ 6,270	\$ 523	\$121

I the undersigned recipient understand the total household income limitations or have had them explained to me. I hereby certify that my household size is as specified and I am therefore income eligible for participation in the program. The TEFAP program and State Grant Purchase program is operated in accordance with the U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, gender, religion, age disability, political beliefs, sexual orientation, and marital or family status.

Print Name	Child 0-17	Adult 18-59	Elderly 60+	Total H-H	Recipient's Signature	New
1.					1.	
2.					2.	
3.					3.	
4.					4.	
5.					5.	
6.					6.	
7.					7.	
8.					8.	
9.					9.	
10.					10.	
Total:					Total Households:()	New:

1. Print recipient's name and document age(s) of each individual living in the household.
2. Ask the recipient to look at the income guidelines and then sign his/her name certifying that they are income eligible and the total # living in the household is correct.
3. If this is the first time the recipient has come to your pantry, place a "Y" beside their signature under "New".
4. Calculate the totals at the bottom of each page by adding the number of children, adults, and elderly living in the household. Count the signatures to document the number of households served. Total the "New" check marks.
5. Total all the recipient pages together and write these totals on the "Monthly Statistics Report" which is to be attached to the front of your recipient forms.

Mail or fax by the **FIFTH** of the current month for the previous month's distribution to:
Greater Berks Food Bank - 117 Morgan Drive - Reading, PA 19608

Fax: 610-926-7638

Failure to turn in this form by the **FIFTH** of the month following the previous month's distribution may jeopardize future food orders for your program. Even if nobody is served during the month, you must submit this report stating "nobody served this month".