



Household Information for:

Required Information:

Last Name: _____

Date of Birth: _____

First Name: _____

Is date of birth
estimated? Y / N

Address:

Street: _____

County: _____ City: _____ State: _____ Zip: _____

Answering the questions below will NOT affect any service you receive now or your ability to receive services in the future. You may select "Undisclosed" for any question you do not wish to answer. This information will not be shared with anyone except Greater Pittsburgh Community Food Bank. By answering these questions, you're helping us serve the community and continue to provide support.

Gender:

___ Male ___ Female ___ Transgender ___ Undisclosed ___ Other

Marital Status:

___ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Undisclosed ___ Common Law

Housing Type:

___ Emergency Shelter/Mission/Transitional ___ Private Rental ___ With family/friends
___ Evacuee ___ Public Housing ___ Youth Home/Shelter
___ Other ___ Undisclosed
___ Own home ___ Unhoused

Email Address:

Phone Number:

Languages:

Referred by:

Ethnicity:

___ White/Anglo ___ Asian ___ Other
___ Black/African American ___ Alaskan Native/Aleut/Eskimo ___ None
___ Hispanic/Latino ___ Middle Eastern/North African ___ Undisclosed
___ American Indian/Native American ___ Pacific Islander

Identifies As:

Active Military Veteran Disability Other None Undisclosed

Highest Education Level Completed:

Grades 0-8 Post Secondary (Some) Master's Degree
 Grades 9-11 Trade School Ph.D.
 High school diploma 2 Year Degree Undisclosed
 GED 4 Year Degree

Employment Type:

Contract Post Secondary Student Retired
 Seasonal Full Time
 Self Employed Part Time
 Temporary None
 Unemployed Undisclosed

Income Type:

Part Time Employment Unemployment
 Pension No Income
 Social Security Other
 Disability None Undisclosed
 Full Time Employment

OPTIONAL: Amount of income:

I am receiving the following:

Child Care Assistance Program Free and Reduced School Breakfast and/or Lunch Section 8 Rental Assistance
 Child Health Insurance Program LIHEAP SNAP
 CSFP Medicaid / Medicare Temporary Assistance for Needy Families (TANF)
 Dollar Energy

Dietary Considerations:

Allergy - Egg Allergy - Wheat Hypertension (High Blood Pressure)
 Allergy - Fish Arthritis Kosher
 Allergy - Milk Cancer Diagnosis Pregnancy
 Allergy - Peanut Diabetic Vegan
 Allergy - Shellfish/Crustacean Gluten Free (Celiac Disease)
 Allergy - Soy Halal
 Allergy - Tree Nut Heart Disease

Additional Household Members

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____

Name _____ Date of Birth _____ Gender _____ Relationship _____

Ethnicity _____ Self-Identifies As _____



pennsylvania
DEPARTMENT OF AGRICULTURE

Telephone (01-17) _____
 Faxes _____
 E-mail (01-17) _____

Bureau of Food Distribution

The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2020 to Jun 30, 2021

Recipient Name

Green C Johnson 7/1/20
Agency Representative Signature Date

Street Address

Cloverleaf Area Food Assst Prog
Distribution Site Name Number

City State Zip

1 Grove Pl, Pittsburgh PA 15236
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. The recipient circles the entire line that applies to their Household Size understanding they must be at or below, the income level indicated to be eligible for program benefits.

Household Size		Total Household Income (based on 150% of Poverty)			
Circle One		Annual		Monthly	Weekly
1	\$	19,140	\$	1,595	368
2	\$	25,860	\$	2,155	497
3	\$	32,580	\$	2,715	627
4	\$	39,300	\$	3,275	756
5	\$	46,020	\$	3,835	885
6	\$	52,740	\$	4,395	1,014
7	\$	59,460	\$	4,955	1,143
8	\$	66,180	\$	5,515	1,273
For each additional family member add:		\$ 6,720	\$	560	129

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.

X

Recipient Signature Date

Return completed form to your designated county agency. If you are unsure of the correct agency please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT