



SIGN-IN-SHEET:
MOBILE FOOD PANTRY

Sponsoring Agency: _____
Distribution Date: _____

All food is available at NO COST.
Todo la comida está disponible SIN COSTO ALGUNO.

Please give your name and the number of adults, children and seniors living in your household.
Por favor, dar su nombre y el número de adultos, niños y personas mayores que viven en su hogar.

I certify with my signature: I understand that the food available at this mobile food pantry is intended for families **in need of food assistance**. Need is defined in many ways including: being on some form of public assistance, being low income, and/or experiencing hardship(s) that make providing food for your household difficult.

Yo certifico con mi firma: Entiendo que la comida disponible en este sitio de distribución es para familias con **necesidad de ayuda alimentaria**. La necesidad se define de las siguientes maneras: recibiendo una forma de ayuda pública, bajos ingresos, y/o estar pasando por una situación

If receiving commodities through the Kansas TEFAP program, the undersigned, affirm and declare all of the following

1. The income of my household does not exceed the posted guidelines (130% of the Federal Poverty Level)
2. I will use USDA commodities for home consumptions only.
3. I will not sell, barter, or inappropriately utilize USDA commodities in any manner
4. I will not attempt to receive the same type of USDA commodities from more than one agency during any given calendar month.
5. I understand that willfully and/or intentionally making a false statement, concealing or withholding information in order to receive food I am not eligible to receive may subject me to prosecution, ineligibility penalties and restrictions.

| | Recipient or Proxy Name/ Firma de beneficiario o apoderado (Print) | Adults/ Adultos (18-64) | Children/ Ninos (0-17) | Seniors/ Los Maories (65+) | TEFAP (Y/N) | Signature |
|----|--------------------------------------------------------------------------|-------------------------------|------------------------------|----------------------------------|----------------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| | Totals | | | | | |

This institution is and equal opportunity provider.

**TEFAP Income Guidelines
Effective May 1, 2019**

| Household Size | Maximum Gross Monthly Income |
|-----------------------|-------------------------------------|
| 1 | \$1,354 |
| 2 | \$1,832 |
| 3 | \$2,311 |
| 4 | \$2,790 |
| 5 | \$3,269 |
| 6 | \$3,748 |
| 7 | \$4,227 |
| 8 | *\$4,705 |

*For each additional family member add \$479.

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