



HARVESTERS
COMMUNITY FOOD NETWORK

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 la cual hace difícil proveer alimentos para su familia.

I certify with my signature:

- I have reviewed The Emergency Food Assistance Program eligibility criteria sheet (FD-15A-Part 1)
- All household members receive some form of public assistance or have a combined monthly gross income that does not exceed the income guidelines shown on the eligibility criteria sheet.
- All members of my household are residents of Missouri.
- Members of my household have not received TEFAP foods during the current month.

I understand:

- I may be prosecuted under current laws for accepting food for which I am not eligible.
- TEFAP foods may not be sold, traded, given away or otherwise diverted from my household's use.

	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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