

White Settlement ISD Paw Pantry Food Pantry

Household Application for Food

Section 1 - Application (To be completed by the household member)

By signing below, I certify that:

1. I am a member of the household living at the address provided in Section 2 and that, on behalf of the household, I am applying for food assistance;
2. All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and
3. The information provided by the household's "Authorized Representative" (as named below or as authorized on a separate page) is also, to the best of my knowledge, true and correct

Printed Name of Household Member

Signature of Household Member

Date

Section 2- Household Information

How many people live in your house?

Are you the head of household? Yes No

Residential Address (if available)

Address	
City/State/Zip	

Phone 1:	Phone 2:
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If the household receives other assistance, mark the appropriate choice(s) below. No proof is required

<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	National School Lunch Program (NSLP)
<input type="checkbox"/>	Medicaid

What is the Total Gross Income* (the amount before deductions) of all household members?
Optional if household receives other assistance.

Gross Income	\$	<input type="checkbox"/> Per Year	<input type="checkbox"/> Per Month	<input type="checkbox"/> Per Week
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*Farmers and self-employed persons may report NET Income (the amount after business expenses)

Person Approved to Pick-up in Your Absence

Please list all of your household members attending school in White Settlement ISD:

Student's Name	School Currently Enrolled In
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Student's Name	School Currently Enrolled In
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Student's Name	School Currently Enrolled In
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Student's Name	School Currently Enrolled In
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Student's Name	School Currently Enrolled In
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Section 3 – Temporary Crisis Food Need

(To be completed by the recipient agency only if the household is determined ineligible on the basis of Section 2 information)

Is the household in need of temporary, crisis food assistance? Yes No

<i>If yes, document the reason for the crisis</i>	
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Section 4 - Agency Documentation

- Household is INELIGIBLE (Please explain in the "comments" box below)
- Household is ELIGIBLE based on the following (mark the appropriate options)
 - Low Income Medicaid
 - SNAP TANF
 - SSI NSLP (Free or reduced-price meals)

Certification period is up to twelve months. For crisis food need (Section 3), certification period is up to six months.

Give length of certification period if household is eligible.

Beginning: _____ Ending: _____

<i>Comments</i>	
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Signature of Agency Official _____

Date _____

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue,
SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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