

Participant Information, please print clearly

Date: ____/____/____

Last Name: _____ **First Name:** _____

Address: _____ Apt#: _____

City/Town: _____ Zip Code: _____

Date of Birth: ____/____/____ Phone #: _____

Meal Sites you attend: _____

Gender: Male Female

Living Situation: Alone Spouse Spouse & Family Family Non-Family

Size of family unit	Annual Income
1	\$ 7,890
2	\$10,610
3	\$13,330
4	\$16,050

Does your income fall below the income level listed above? Yes N

Food Allergy Notification

Major food allergens: Milk, eggs, fish (such as bass, flounder, or cod), crustaceans (such as crab, lobster or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans.

Do you have any known ***major*** life threatening food allergies? Yes No

Thank you for completing this form to help us comply with Federal Government requirements