



Brown Bag Participant Application

Site Name: _____ Senior participant Family participant

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ - _____ Date of Birth: ____/____/____

Please answer the following questions about your household:

Total number of: Children (0-17): _____ Seniors (65+): _____ Adults (18-64): _____

Eligibility Status (Please check off all of the types of assistance you receive):

Medicaid AFDC Head Start Veterans' Aid Fuel SSI WIC Welfare

- **OR** - My gross household income is at or below the guidelines (see next page) Yes No

Does anyone in your household receive SNAP benefits? Yes No

If I am unable to pick up my bag, the following person is authorized to pick it up in my absence:

Name: _____ Phone: (____)_____ - _____

The Senior and Family Brown Bag program is available to all eligible recipients regardless of age, sex, race, color, religion, national origin, or disability.

I hereby certify that, to the best of my knowledge, the information provided on this form is true and complete. I understand that both misrepresentation of need and sale or exchange of The Greater Boston Food Bank product are prohibited and will result in my immediate removal from the Senior and Family Brown Bag program.

Signature: _____ Date: ____/____/____
(Brown Bag Applicant)

Please return this form to the Brown Bag Site Coordinator
You can also return this form to us by fax: 617-440-1020 or
mail: SCES, Attn: Nutrition Department, 61 Medford Street, Somerville, MA 02143

The Emergency Food Assistance Program
Income Eligibility Guidelines
July 1, 2017 through June 30, 2018

Please use the following figures when determining if recipients are eligible to receive USDA commodity foods under The Emergency Food Assistance Program.

<i># of Household Members</i>	<i>Annual</i>	<i>Monthly</i>	<i>Weekly</i>
1	22,311	1,860`	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional household member, add:	+7,733	+645	+149

In addition, households that participate in the following means tested programs are also TEFAP eligible: Food Stamps/SNAP, AFDC, TANF, WIC, Welfare, Medicaid, Supplemental Security Income, Head Start, Fuel Assistance or Veteran's Aid.