

Name: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Phone: _____

Can we reach out to you by text? **Yes** or **No**

Number of people in your household


Under 18: _____ **Ages 18-59:** _____ **Over 60:** _____

I certify that I have willingly shared the information above, meet the monthly income guidelines, and/or am in need of food assistance.

Signature: _____ Date: _____

Proxy: _____ Date: _____

USDA is an equal opportunity provider, employer, and lender.

Monthly Income Guidelines for Food Assistance	
Household Size	Monthly Income
1	\$2,082
2	\$2,873
3	\$3,620
 Add \$747 for each additional household member	

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The Great Plains Food Bank would like to bring more food to your community and the information provided below will help us in that mission.

Does your household need more food assistance? YES or NO

If yes, what would make it easier to get the food your household needs?

- SNAP (Food Stamps)
 - Already receiving? **YES** or **NO**
- Senior Commodities (food baskets every other month for ages 60+)
- Food Pantry
 - If you already access a food pantry, what would be helpful?
 - Less paperwork
 - More/different food during a visit
 - Closer location
- Backpack Program/School Pantry (for families with school aged children)
- I need more food assistance, but not sure what

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