**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | Pounds |  | Date | Pounds |  | Date | Pounds |
| 1 |  |  | 9 |  |  | 17 |  |  |
| 2 |  |  | 10 |  |  | 18 |  |  |
| 3 |  |  | 11 |  |  | 19 |  |  |
| 4 |  |  | 12 |  |  | 20 |  |  |
| 5 |  |  | 13 |  |  | 21 |  |  |
| 6 |  |  | 14 |  |  | 22 |  |  |
| 7 |  |  | 15 |  |  | 23 |  |  |
| 8 |  |  | 16 |  |  | 24 |  |  |

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