

HELPING HARVEST

Pantry Recipient Form



Program _____

Month/Year: _____

Completed By: _____

Phone Number: _____

TOTAL HOUSEHOLD INCOME FFY 2023-2024

FAMILY SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,040	\$702
3	\$45,991	\$3,833	\$884
4	\$55,500	\$4,625	\$1,067
5	\$65,009	\$5,417	\$1,250
6	\$74,518	\$6,210	\$1,433
7	\$84,027	\$7,002	\$1,616
8	\$93,536	\$7,795	\$1,799
Each Additional Add:	\$9,509	\$792	\$183

I the undersigned recipient understand the total household income limitations or have had them explained to me. I hereby certify that my household size is as specified and I am therefore income eligible for participation in the program. The TEFAP program and State Grant Purchase program is operated in accordance with the U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, gender, religion, age disability, political beliefs, sexual orientation, and marital or family status.

Print Name	Child 0-17	Adult 18-59	Elderly 60+	Total H-H	New	Verification that Income is still Current
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
Total:						

Mail or email by the **FIFTH** of the current month for the previous month's distribution to:

Alexis Fick: afick@helpingharvest.org

Helping Harvest - 117 Morgan Drive - Reading, PA 19608

Failure to turn in this form by the **FIFTH** of the month following the previous month's distribution may jeopardize future food orders for your program. Even if no clients are served during the month, you must submit this report stating "no one served this month"