

Raynham Food Basket Registration Form

<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	Client #:
Name:			
Address:		Apt.#:	
City:	State:	Zip Code:	
Phone:	Type of Identification:		
How many people are in your household?			
# of Children-	# of Adults-	# of Seniors-	
Can you provide proof of address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which do you receive? (Please indicate)			
____ WIC ____ SNAP/Food Stamps ____ EAEDC?Welfare ____ Fuel Assistance ____ Mass Health ____ TAFDC ____ Vet's Aid ____ Head Start ____ SSI/SSDI Other: _____ ____ None of the above			
ID Shown? <input type="checkbox"/> Yes <input type="checkbox"/> No			
# of Household Members			
Annual Income			
Monthly Income			
Weekly Income			
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,562	1074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional person, add:	8,177	682	158
○ Meets Low Income Requirement from July 1, 2019 through June 30, 2020			

By signing below; I declare my eligibility for USDA foods.

Client's Signature: _____ **Date:** _____

List other adults (16 and older) who are full-time residents at above address:

Name: _____ M/F: _____

Name: _____ M/F: _____

Name: _____ M/F: _____

Name: _____ M/F: _____

List children (under age 16) living at the above address:

(Please provide full name and relationship to you, i.e. son, daughter, grandchild, foster child, niece, nephew, ect.)

Name: _____ M/F: _____ DOB: _____ Age: _____ Relationship: _____

Name: _____ M/F: _____ DOB: _____ Age: _____ Relationship: _____

Name: _____ M/F: _____ DOB: _____ Age: _____ Relationship: _____

Name: _____ M/F: _____ DOB: _____ Age: _____ Relationship: _____