

The Well Food Pantry: Intake Form

Last Name _____ First Name _____

Email _____

Primary Phone _____

City _____ State _____

of Adults in Household _____ # of Children in Household _____

Is your annual household income less than...

note: your ability to receive food will **not** be based on this answer

Family of 1	\$22,459	___ Yes ___ No
Family of 2	\$30,451	___ Yes ___ No
Family of 3	\$38,443	___ Yes ___ No
Family of 4	\$46,435	___ Yes ___ No
Family of 5	\$54,427	___ Yes ___ No
Family of 6	\$62,419	___ Yes ___ No
Family of 7	\$70,411	___ Yes ___ No
Family of 8	\$78,403	___ Yes ___ No

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English.

Dates Attended:

8/4/2018	
8/18/2018	
9/1/2018	
9/15/2018	
10/6/2018	
10/20/2018	
11/3/2018	
11/17/2018	
12/1/2018	
12/15/2018	
1/5/2019	
1/19/2019	
2/2/2019	
2/16/2019	
3/2/2019	
3/16/2019	
4/6/2019	
4/20/2019	
5/4/2019	
5/18/2019	
6/1/2019	
6/15/2019	
7/6/2019	