Agape Ministries, Inc.
Food Pantry
INCOME ELIGIBILITY

Ohio Department of Job and Family Services

FEDERALANDSTATE FUNDEDFOODPROGRAMS

ELIGIBILITY TO TAKE FOOD HOME

Name			
City	State	Zip Code	County
Number of people in household by age: age 60+ _____	age 18 - 59 _____	age birth - 17 _____	**Total** _____

This table shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through The Emergency Food Assistance Program (TEFAP).

Household Size	Yearly Income	Monthly Income	Weekly Income
1	$31,920	$2,660	$613
2	$43,280	$3,607	$832
3	$54,640	$4,553	$1,050
4	$66,000	$5,500	$1,269
5	$77,360	$6,446	$1,487
6	$88,720	$7,393	$1,706
7	$100,080	$8,340	$1,924
8	$111,440	$9,286	$2,143
9	$120,800	$10,233	$2,361
For each additional household memberadd	$11,360	$946	$218

Read the following statement carefully, then sign the form & write in today's date.

I attest that my current gross household income is at or below the income listedon this form for households with the same number of people as my household. I also attest that, as of today, my household lives in the area servedby this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to paythe State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature	**Date**

This box is **optional** for local agency use, check one:

Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date

The collection of address and phone # is optional for applicants and will not be used to determine eligibility for The Emergency Food Assistance Program.

Street Address	Phone #

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Agape Ministries, Inc.
Food Pantry

FOOD PANTRY POLICIES

Our food pantry is set up to provide emergency and supplemental food assistance for St. Marys, New Knoxville, New Bremen and Minster families in need. Due to the growing number of people needing help and the requirements of the USDA program, we ask that you complete a new intake form each year. This information will be kept confidential and used only to help us get food and money so that we can continue to be here to serve you.

Each time you come to the Pantry, we will ask for identification verifying St. Marys, New Knoxville, New Bremen or Minster residency. A valid photo ID is also required for every visit.

The residency documentation must include:

- Your name
- Your address
- A date within 30 days

Bills, paystubs, formal rent receipts, prescriptions, and postmarked mail are good examples.

The Pantry is open:

- **Tuesday: 12:00 pm - 4:30 pm**
- **Thursday: 12:00 pm - 4:30 pm**

The Pantry will be closed on holidays and possibly during severe bad weather. Should the Pantry need to be closed during severe bad weather it will be posted on our FaceBook page and sent via text message.

Households are required to wait 30 days between visits.

Much of the food you receive is donated: therefore, it may be different brands each time you come, and it may be different from another person receiving goods at the same time. It is our policy to treat everyone as equally as possible.

Every item has been checked for freshness; however, this is a very large job. It is possible that an item may get passed over, so please check everything. **Your are responsible for food's viability. When in doubt, throw it out!**

We have a limited supply of personal care items, baby food, and diapers. If you have a need for any of these items, please let us know each time you check in.