

Snohomish Community Food Bank Client Information

Serving the residents living within the Snohomish School District

HHID: _____

(For office use only) Last name, First name: _____

Last, first name: _____ Date: _____

Street Address: _____ Apt #: _____

City: _____ ST: _____ Zip: _____

Phone number: _____ Birthdate: _____ Pets: Dogs ____ Cats ____

☐ Veteran ☐ Disabled Primary language spoken in the home: _____

Race/Ethnicity (optional):

☐ White ☐ Hispanic/Latino

☐ Black/African American

☐ Asian ☐ American Indian/Alaskan Native

☐ Native Hawaiian/Pacific Islander

List other members of your household

Last name, First name	Date of Birth	M/F	Relationship	Veteran	Disabled	School Name
	mm/dd/yy					

With my signature below, I certify that:

- The information and address provided is correct and I give permission for the Snohomish Community Food Bank (SCFB) to share this information with appropriate agencies as required.
- I am declaring that members of my household are in need of this food and it will be used for their consumption only. It will not be sold, traded or borrowed.
- SCFB is the only food bank where I receive food and Federal Commodities.
- This food bank provides this food under the Good Samaritan Act. I release the Snohomish Community Food Bank from all liability for any food or service I receive here.
- I understand that this service may be discontinued if my household does not meet the service criteria and/or if I disobey SCFB rules. It is my responsibility to notify SCFB if there are any changes to my household.

Client Signature: _____ Date: _____

USDA GOVERNMENT COMMODITIES FORM

By signing this form I certify that:

- My family meets the current USDA income requirements as listed below.
- My family will receive commodities from the Snohomish Community Food Bank.
- The address shown has been verified and recorded by authorized food bank staff and is within the food bank service area.
- The names of all household members have been verified and recorded by authorized food bank staff.
- The commodities are for home consumption only and will not be sold, traded, or bartered.
- I will inform the Snohomish Community Food Bank of any changes in address, family income, or household size.

TEFAP INCOME GUIDELINES

Effective from April 1, 2019

Persons in Household	Annual Income
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346

For households with more than 8 persons, add \$8,177 for each additional person.

Client Initial: _____