

 ***Summer Food For Kids***

 ***Location: ATCAA Food Bank Warehouse***

 ***When: Every Thursday 11am – 1pm***

 ***Starting: June 3rd until August 12th***

***ATCAA – Amador Tuolumne Community Action Agency***

***(209)984-3960 x101***

Please complete the following application in **BLUE** ink to enroll in the Emergency Food Assistance

Program. This will provide free take home food weekly to qualifying school families.

*PRINT LEGIBLY*

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or Message Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Member Information** -**Include everyone in household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Name** | Age |
| 1. |  | 6. |  |
| 2. |  | 7. |  |
| 3. |  | 8. |  |
| 4. |  | 9. |  |
| 5. |  | 10. |  |

**Circle Number of Household Members**: 1 2 3 4 5 6 7 8 9+

***Did you know that your family may qualify for other ATCAA Programs?***

 Would you like someone to contact you from one of our other programs? **Yes** or **No**

 Please circle all that you would like information about:

**Head Start Programs Youth Programs Family & Adult Programs Housing Weatherization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number in Household | Total Monthly Income | Max. Yearly Income | Number in Household | Total Monthly income | Max. Yearly Income |
| *1* | *$2,522.33* | *$30,268* | *6* | *6,967.75* | *83,613* |
| *2* | *$3,411.42* | *$40,937* | *7* | *$7,856.83* | *$94,282* |
| *3* | *$4,300.50* | *$51,606* | *8* | *$8,745.92* | *$104,951* |
| *4* | *$5,189.58* | *$62,275* | *Over 8*  | *Add $889.08 each* | *Add $10,669 each* |
| *5* | *$6,078.67* | *$72,944* |  |  |  |

**I certify that my income does not exceed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a family of \_\_\_\_\_\_\_ persons.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provided by California Department of Social Services Emergency Food Assistance Program, U.S. Department of Health and Human Services Community Food and

Nutrition Program, California Emergency Foodlink, and the Amador Tuolumne Community Action Agency Food Bank. No person shall be discriminated against in participating, due to

age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local laws.