Iron County Mobile Food Pantry Program Eligibility Form

Name _____

Physical Address _____ P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ Email_____

How many people are in your household? _____
Of those, how many are age 17 or under? _____
Of those, how many are ages 18-64? _____
Of those, how many are 65 or older? _____

I am eligible to receive food from the Mobile Food Pantry program because I am a Iron County resident, and my income is 200% or less of the Federal Poverty Guidelines, or I am in a crisis and in need of emergency food.

Income Eligibility (200% of Federal Poverty Guidelines):

FAMILY SIZE	ANNUAL INCOME
One	$24,980
Two	$33,820
Three	$42,660
Four	$51,500
Five	$60,340
Six	$69,180
Seven	$78,020
Eight	$86,860

Add $8,840 of allowable income for each additional family member.

By signing this eligibility form, I certify that I qualify for the Mobile Food Pantry Program based on the eligibility information provided above.

_____ _____ _____
Printed Name Signature Date

(Proxy Pick Up) I allow the following person to pick up on my behalf:

_____
Printed Name

The following questions help us serve you better. Your information is confidential and will not be shared.

Housing Type (Please circle one)

Emergency Shelter/Mission/Transitional
Evacuee
Other
Own Home
Rental
Public (Social) Housing
Unhoused
With Family/Friends
Youth Home/Shelter
Prefer not to respond

Ethnicity (Please circle one)

White/Anglo
Black/African American
Hispanic/Latino
American Indian/ Native American
Asian
Alaska Native / Aleut/ Eskimo
Middle-Eastern/ North-African
Pacific Islander
Other
Prefer not to respond

Referred By (Please circle one)

Friend/Neighbor/Participant
Google/Website
News/Radio
Other
None
Prefer not to respond

Identifies As (Please circle one)

Disability
Veteran
Other
None
Prefer not to respond

Household Members		
Last Name	First Name	Date of Birth