

# Iron County Mobile Food Pantry Program Eligibility Form



**Extension**  
UNIVERSITY OF WISCONSIN-MADISON  
IRON COUNTY

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 300% or less of the Federal Poverty Guidelines, or I am in a crisis and in need of emergency food.

**Income Eligibility (300% of Federal Poverty Guidelines):**

FAMILY SIZE	ANNUAL INCOME
One	\$38,280
Two	\$51,720
Three	\$65,160
Four	\$78,600
Five	\$92,040
Six	\$105,480
Seven	\$118,920
Eight	\$132,360

**Add \$4,480 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

