

FREE FOOD

The Food Bank of Delaware's Mobile Food Pantry will be at the Wilmington VA Medical Center (1601 Kirkwood Highway, Wilmington, DE) on Saturday, Nov. 2nd from 9:00 a.m. to 3:00 p.m.

- ◆ **FREE** food available for the first 200 pre-qualified Veterans, Service Members & their families (DE residents) who meet income guidelines and pre-register at the Wilm VA by Oct. 28th.
- ◆ **MUST** attend the educational seminar and bring Military/Veteran/State ID on the day of the event.
- ◆ **EACH** family should be prepared to receive approximately 70 pounds of food.

****Pre-registration and income eligibility must be completed by October 28th.**



For more information, contact
Wilmington VA Caregiver Support Coordinators
Gail Eller 302/994-2511 x.2448
Nichole Stokes 302/994-2511 x.4589

****Sorry, walk-ins on the day of the event will not be accepted.***



Mobile Pantry Site

Site Name: _____

Site Address: _____

INTAKE NUMBER (_____) *Please provide ID for Head of Household to use at time of Mobile Pantry registration.*

Mobile Pantry Date: _____

Full Name: _____

Address: _____

Apt. #: _____ City: _____

Zip code: _____ Phone #: _____

Of people in Household: _____

of Adults _____ # of children _____

Of School age children _____

of Adults over 60 _____

Are you Hispanic or Latino? Yes No

What is your race? American Indian or Alaska Native
 Asian White Black or African American Native Hawaiian or Other Pacific Islander

Is your Household income within the current income guidelines (July 2013-June 2014) below for family size?
YES or NO

Family Size	Annual Income	Monthly Income	Weekly Income
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each additional family member add:	7,437	620	144

You are eligible to receive food from TEFAP if your household participates in any of the following programs. **If you participate in one of these programs, please place a check next to the program.**

_____ SNAP (Food Stamps) _____ TANF
 _____ Medicaid _____ GA _____ SSI

If you do not currently participate in SNAP (Food Stamps), would you like to have a Food Bank of Delaware SNAP Outreach Coordinator contact you in reference to the program? **Yes or No**

If you have someone 60 years of age or older in your household, would you like to have a Food Bank of Delaware representative contact you in reference to our Commodity Supplemental Food Program for Seniors? **Yes or No**

Have you received food from another agency in the Last month? **If yes, where?**

Please read the following statement carefully. Then SIGN the form and write in today's date.

I certify that my annual gross income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Delaware Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Applicant Signature _____

Agency approval _____

Date _____