

YADKIN CHRISTIAN MINISTRIES CLIENT INFORMATION FORM

NAME: _____ Date Of Birth: _____

MAILING ADDRESS: _____ COUNTY _____

CITY: _____ STATE: NC ZIP: _____

PHONE NO: _____ TOTAL NUMBER IN HOUSEHOLD: _____

DRIVER'S LICENSE#: _____ Social Security #: _____

Weekly Income \$ _____ Employer: _____

Names of other household members	Ages	Social Security #s	Income of each person
1. Spouse:			
2			
3			
4			
5			
6			
7			
8			
9			

SOURCE of income of others in home _____ MONTHLY EXPENSES _____ Food Stamps _____ HUD _____

_____ \$ _____ RENT \$ _____

_____ \$ _____ POWER _____

_____ \$ _____ HEAT Food Allergies yes no

_____ \$ _____ FOOD _____

MAKE & MODEL OF VEHICLE(S) _____ CAR PAYMENT(S) \$ _____

MEDICAL CONDITION _____ CHURCH _____

DATE	FOOD	VENDOR NAME	AMOUNT	VOLUNTEER	CLIENT SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					

TURN OVER.....

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COMMENTS:

<u>DATE</u>	<u>FOOD</u>	<u>VENDOR NAME</u>	<u>AMOUNT</u>	<u>VOLUNTEER</u>	<u>CLIENT SIGNATURE</u>
7.					
8.					
9.					
10.					
11.					
12.					

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
INCOME ELIGIBILITY GUIDELINES**

October 1, 2017 through September 30, 2018

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HOUSEHOLD SIZE PER YEAR PER MONTH PER WEEK

1	\$24,210	\$2,010	\$464
2	\$33,360	\$2,780	\$642
3	\$40,848	\$3,404	\$786
4	\$49,200	\$4,100	\$946
5	\$57,576	\$4,798	\$1,107
6	\$65,928	\$5,494	\$1,268
7	\$74,280	\$6,190	\$1,428
8	\$82,656	\$6,888	\$1,590
EACH ADDITIONAL FAMILY MEMBER	(+\$8,376)	(+\$698)	(+\$161)