



Dedham Food Pantry
Post Office Box 46
Dedham, Massachusetts 02027-0046
Telephone (781) 320-9442
www.dedhamfoodpantry.org



If your income is not within the guidelines on the reverse side of this form but you believe that you should still be able to use the Dedham Food Pantry, please speak with the Trustee on duty or call/email the Dedham Food Pantry. The Dedham Food Pantry is not a governmental organization and the Trustees can make exceptions for those in need.

Client Information (Please PRINT Clearly):

Last Name _____ First Name _____
Street Address _____ Home Telephone #: _____
Cellphone #: _____ Email address: _____

Names and Dates of Birth (DOB) of Dependent Children in the Household:

Child #1: _____ DOB ____/____/____
Child #2: _____ DOB ____/____/____
Child #3: _____ DOB ____/____/____
Child #4: _____ DOB ____/____/____

Names and Relationship of Other Household Members:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Total number in Household: _____ Over 65: _____ Under 65: _____ Children: _____

I certify that the information I provided above is true.

Date: _____ Signature: _____

This approval is good for a period of: _____ Six (6) Months _____ Twelve (12) Months

Trustee's Signature/Initials: _____

“Neighbors Helping Neighbors”



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**PLEASE CERTIFY THAT YOU ARE ELIGIBLE
 FOR THE DEDHAM FOOD PANTRY**

To qualify for the Dedham Food Pantry, **you must live in Dedham and meet the Pantry’s income guidelines.** All persons who live in the same housing unit are considered one (1) household even if they are not all related. The Pantry’s income guidelines are based on the total income of all persons in your household. Income from all sources is included. Count only the current income of household members, *not what they may have made in the past or what they may make in the future.* However, if your income increases to the point where you are not eligible, we expect that you will let the Pantry know. The Pantry does not consider the amount of your bank accounts or other assets. If you have significant assets but a limited income, please consider whether it is appropriate for you to use the Food Pantry.

1. I am a resident of Dedham: Yes____ No ____ **Please provide a driver’s license or other proof of residency.**

2. I am qualified because the total income of my household does not exceed the Pantry’s income guidelines below and a member of my household is enrolled in one of the following programs: *Food Stamps, SNAP, AFDC, WIC, Welfare, Medicaid, Supplemental Security Income (SSI), Head Start, Fuel Assistance, Section 8, or Veteran’s Aid.* Yes____ No ____ **Please provide evidence of enrollment in one of those programs.**

3. I am qualified because the total income for all of the members of the household in which I live in does not exceed the income guidelines below. Yes____ No ____

INCOME GUIDELINES

Number in Household	Yearly Income	Monthly Income	Weekly Income
1	\$33,050	\$2,754	\$689
2	\$37,800	\$3,150	\$788
3	\$42,500	\$3,542	\$886
4	\$47,200	\$3,933	\$983
5	\$51,000	\$4,250	\$1,063
6	\$54,800	\$4,567	\$1,142
7	\$58,550	\$4,879	\$1,220
8	\$62,350	\$4,363	\$1,091

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