

Dedham Food Pantry Client Registration Form



Please print clearly.

Last name _____ First name _____

Address _____ Phone (Cell/Home) _____

Email _____

Date of birth ____/____/____ Gender Male Female Non-Binary

Other household members: Relationship Gender Date of birth

1. Name _____ / /

2. Name _____ / /

3. Name _____ / /

4. Name _____ / /

5. Name _____ / /

6. Name _____ / /

7. Name _____ / /

8. Name _____ / /

Primary reading language

- English Spanish Haitian Creole
 Russian Ukrainian Greek Arabic
 Mandarin **Other:** _____

Race & Ethnicity (optional)

- Asian Black or African American Hispanic or Latinx
 Native American or Alaska Native Native Hawaiian or Other Pacific Islander
 Middle Eastern White Two or more races

Are you, or anyone in your household, enrolled in any of these programs? The programs below do NOT affect your eligibility to shop at the Pantry but might be helpful to you. (Please circle)

SNAP Head Start Medicaid Veteran's Assistance
AFDC Fuel assistance WIC SSI
Section 8 Housing

Do you have any special dietary restrictions, disability or accessibility needs? Please detail.

Note: We can not guarantee food each week for special dietary restrictions.

TURN OVER—FORM MUST BE SIGNED & DATED.

To use the Dedham Food Pantry, you must:

1. Live in Dedham and show proof of residency (Driver's license or a bill with your name and address on it.)
2. Meet the Pantry's income guidelines below.
 - All persons living together in a house or apartment are considered as one household even if they are not related.
 - The income guidelines include the total income from all sources and all persons in the household. We do not consider bank accounts and other assets in the guidelines.
 - If you do not meet the guidelines but believe you should be able to use the Pantry, talk to the Trustee on Duty.

| Current Income Guidelines | | | |
|----------------------------------|-------------------------|--------------------------|-------------------------|
| # of Household Members | Annual Household Income | Monthly Household Income | Weekly Household Income |
| 1 | \$36,450 | \$3,038 | \$701 |
| 2 | \$49,300 | \$4,108 | \$948 |
| 3 | \$62,150 | \$5,179 | \$1,195 |
| 4 | \$75,000 | \$6,250 | \$1,442 |
| 5 | \$87,850 | \$7,321 | \$1,689 |
| 6 | \$100,700 | \$8,392 | \$1,937 |
| 7 | \$113,550 | \$9,463 | \$2,184 |
| 8 | \$126,400 | \$10,553 | \$2,431 |
| For each additional member, add: | | | |
| | \$12,850 | \$1,071 | \$247 |

I attest that:

- I am a Dedham resident. (Please show proof of residency.)
- I meet the current income guidelines (above) and will notify the Pantry if my income increases.
- I have read and agree to observe the statement of Respect and Responsibility.

Signature

Date