



## Chicopee Service Center Entry Form

1. Name (Last, First, MI):
2. Address:
3. Contact Number:
4. Date of Birth (Month/Day/Year):
5. Others Members of Your Family Living with You (Do **NOT** Include Yourself)

Last Name	First Name	Relation	Sex	Birthday (MM/DD/YY)	Age

6. Total Number of Persons in Household:
7. Are there additional services you are interested in?



## USDA/TEFAP DECLARATION OF ELIGIBILITY

*Declaration of financial need is sufficient to receive USDA/TEFAP foods on a guest's first visit. Subsequent visits require declaration of eligibility according to the guidelines below. Guests must be allowed to self-declare eligibility. Verification of residence, income, or receipt of benefits is not required. **Photo ID and Social Security numbers are not required**, and requesting this information is prohibited by USDA and the Commonwealth of Massachusetts. Declaration of Eligibility must be kept on file for each guest for the current fiscal year plus three previous years. Programs must track each time guests receive USDA, but the guest is not required to sign or recertify eligibility after initial declaration. Although not required, best practice is to recertify eligibility annually.*

Name: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Do you receive any of the following types of assistance? Please check all that apply:

WIC: \_\_\_\_\_ TANF: \_\_\_\_\_ SSI: \_\_\_\_\_ Fuel Assistance: \_\_\_\_\_ SNAP: \_\_\_\_\_ Veteran's Aid: \_\_\_\_\_

Head Start: \_\_\_\_\_ AFDC: \_\_\_\_\_ Medicaid (MassHealth): \_\_\_\_\_ Free/Reduced-Price School Lunch \_\_\_\_\_ EAEDC: \_\_\_\_\_

If you do NOT receive any of the types of assistance listed above, does your household income meet the following

income guidelines\*? Please circle:                      YES                      NO

# of Household Members	Annual	Monthly	Weekly
1	33,975	2,831	653
2	45,775	3,815	880
3	57,575	4,798	1,107
4	69,375	5,781	1,334
5	81,175	6,765	1,561
6	92,975	7,748	1,788
7	104,775	8,731	2,015
8	116,575	9,715	2,242
For each additional household member, add:	+11,800	+983	+227

*TEFAP Income Guidelines 2022-2023*

If guest does NOT receive any of the above benefits OR meet income guidelines, the guest may declare financial need to receive USDA/TEFAP foods on their first visit ONLY. Eligibility according to above requirements must be certified at subsequent visits.

Check HERE to declare financial need:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This institution is an equal opportunity provider and employer.

**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDED PROGRAMS  
SELF-CERTIFICATION FORM**

Updated 3/2021

1. Where is your principal residence? \_\_\_\_\_  

Address
Town
2. How many persons are in your household? \_\_\_\_\_
3. Are you a single-parent head of household with dependent minor children living with you?      Yes      No
4. If yes to # 3, please circle your gender.      Male      Female
5. Is anyone in your household disabled or handicapped? Yes      No      If yes, how many? \_\_\_\_\_

6. Which of the following categories most nearly approximates the annual household income in the home where you currently reside? (Please check the appropriate line based on your household's size).

1 person	\$0 - \$20,650 ___	5 persons	\$0 - \$31,850 ___
	\$20,651 - 34,400 ___		\$31,851 - 53,050 ___
	\$34,401 - 54,950 ___		\$53,051 - 84,800 ___
	over \$54,950 ___		over \$84,800 ___
2 persons	\$0 - \$23,600 ___	6 persons	\$0 - \$35,160 ___
	\$23,601 - 39,300 ___		\$35,161 - 57,000 ___
	\$39,301 - 62,800 ___		\$57,001 - 91,100 ___
	over \$62,800 ___		over \$91,100 ___
3 persons	\$0 - \$26,550 ___	7 persons	\$0 - \$39,640 ___
	\$26,551 - 44,200 ___		\$39,641 - 60,900 ___
	\$44,201 - 70,650 ___		\$60,901 - 97,350 ___
	over \$70,650 ___		over \$97,350 ___
4 persons	\$0 - \$29,450 ___	8 persons	\$0 - \$44,120 ___
	\$29,451 - 49,100 ___		\$44,121 - 64,850 ___
	\$49,101 - 78,500 ___		\$64,851 - 103,650 ___
	over \$78,500 ___		over \$103,650 ___

7. Please provide the number of persons living in your household who are part of the following demographic group(s):

Race

- White \_\_\_\_\_
- Black/African-American \_\_\_\_\_
- Asian \_\_\_\_\_
- American Indian/Alaskan Native \_\_\_\_\_
- Native Hawaiian/Pacific Islander \_\_\_\_\_
- American Indian/Alaskan Native and White \_\_\_\_\_
- Asian and White \_\_\_\_\_
- Black/African-American and White \_\_\_\_\_
- American Indian/Alaskan Native and Black/African American \_\_\_\_\_
- Other Race(s) \_\_\_\_\_

Hispanic/Latino (total number of persons of any race(s)) \_\_\_\_\_

Elderly (total number of persons aged 60 or over) \_\_\_\_\_

**I (WE) CERTIFY THAT THE ABOVE INFORMATION REGARDING MY (OUR) INCOME IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE.**

Applicant Name (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_