



Client Information

For

(Name of Pantry)

U.S.D.A. Guidelines	
Household Size	Gross Monthly Income
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$

Add \$341 for each additional person.

Ph. # _____

Client Name _____ Birth date _____

Address _____ County _____

City _____ State _____ Zip _____

Total household monthly income _____ # in household _____

Proof of income _____
(Check stub, social security, unemployment check, etc.)

Please list below all members living in household

Name	Age	Gender

I affirm that the above information is true.

Client's signature _____ Date _____

HOUSEHOLD SIZE	GROSS MONTHLY INCOME
1	\$1,180
2	\$1,594
3	\$2,008
4	\$2,422
5	\$2,836
6	\$3,249
7	\$3,663
8	\$4,077

IN ORDER TO QUALIFY FOR USDA FOODS,
HOUSEHOLD INCOME CANNOT EXCEED THE
FOLLOWING GUIDELINES ESTABLISHED BY THE
KENTUCKY DEPARTMENT OF AGRICULTURE
FOOD DISTRIBUTION PROGRAM

Kentucky 2011 (Effective 3-27-11)

FOOD PANTRY MEANS TEST