



If you need food assistance, Acord is here to help, just fill out this application and bring it in during our hours of operation.

Hours: Wed (9:30a-11a) Thurs (6:30p-7:30p) Saturday (9:00a-11:00a)
Senior Hour: Thurs (10:00a - 11:00a)

New Client Information Form

Date: _____ **Completed by:** _____

Please check proof of address (Please circle one of the following):

Rental Agreement/Utility Bill/Bank Statement/Official Mail/Letter from Medical Provider or Social Worker

Please note to qualify for the pantry clients need to live in one of the following towns: Hamilton, Wenham, Topsfield, Ipswich, Essex or Manchester. There is **NO** income requirement.

Please write clearly:

First Name: _____

Last Name: _____ Birthdate: _____

Address: _____ Apt: _____ Town: _____

Phone: _____ Email: _____

How many people are in your household? _____

Acord Food Pantry receives food items from the United States Department of Agriculture. A requirement of the program is that our clients read and sign the form below. Please do not hesitate to ask for help or ask any questions that you may have.

The Emergency Food Assistance Program / USDA Income Eligibility Guidelines July 1, 2021 through June 30, 2023

# 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 addtl. household member add:	+11,800	+983	+227
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Based on the information above. Does your family qualify for USDA products? Yes No (Please circle one.)

List all household members including head of household.

Last Name	First name	Middle Initial	Date of Birth	Check boxes that apply to each family member			
			/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Head of Household
			/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Head of Household
			/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Head of Household
			/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Head of Household
			/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Head of Household

Please sign below.

Client Signature: _____ Date: _____