

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2025 (JULY 1, 2025 THROUGH JUNE 30, 2026)										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,528	\$14,913	\$16,288

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address _____		Apt. # _____	City _____
*Zip Code <i>(Required)</i> _____	County _____		

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Total number of household members \_\_\_\_\_ Referral Agency \_\_\_\_\_

### All Household Members *(Please include client listed above)*

Name First, Middle, Last	Date of Birth (M/D/Y)	Relationship	Gender*	Race**	Employed?	Served Military?
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N

**\* How would you describe your gender identity?**  
 Female  
 Male  
 Non-binary/another gender  
 Prefer not to say

**\*\* What best describes your race?**  
 Asian  
 Black or African American  
 Hispanic or Latino/a/x  
 Middle Eastern or North African  
 Multiple Races  
 Native American or Alaska Native  
 Pacific Islander or N tive Hawaiian  
 White  
 Another Race  
 Prefer not to provide

What is your preferred language? \_\_\_\_\_

Are you receiving SNAP/Link Card?  Yes  No

What is your monthly gross household income?

\$ \_\_\_\_\_

*Gross income includes wages, salaries, tips, commissions, bonuses, other employment income, distributed profits and/or net income from a business, social security, supplemental security income, pensions, military, other retirement income, public assistance, alimony, child support, unemployment benefits or any other income regularly received.*

**Do you or anyone in your household have more than \$100,000 in assets where the income from those assets are not included in your monthly gross household income above?**

Yes  No

*Assets include bank accounts, cash, CDs, money market funds, stocks, bonds, IRA/401k/Keogh accounts, trust funds, or real estate (not including your primary home).*

## Loaves & Fishes Community Services Distribution Conditions

1. I accept the food and supplies donated to me, understanding that these items are for the use of my household needs.
2. I accept these donated items as a "Good Samaritan Act" and agree to hold harmless Loaves & Fishes Community Services staff, volunteers, and suppliers of the pantry.
3. I understand that not giving complete information can limit access to all Loaves & Fishes programs.
4. I consent that the information provided to Loaves & Fishes may be confidentially shared with partner agencies to better understand the need in our community and the impact of our services. No personally identifying information is shared.
5. I consent to these conditions today and each time I receive a food distribution.
6. I certify that the information presented is true and accurate to the best of my knowledge and belief as of the date indicated below.

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Signature

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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