

COALITION OF POWHATAN CHURCHES (COPC)

POWHATAN FOOD PANTRY – Located Next to St. John Neumann Catholic Church
2500 Batterson Rd.
POWHATAN, VIRGINIA 23139

DISTRIBUTION HOURS: TUESDAYS, THURSDAYS, SATURDAYS 10:00 – 12:00

The Purpose of the Powhatan Food Pantry is to provide supplemental food to those in need.

- As available, the pantry will provide **a fourteen (14) day supply of food, once each calendar month**, for households complying with pantry guidelines. United States Department of Agriculture (USDA) food will be supplied additionally to households meeting USDA guidelines.
- To qualify, clients **must** be a resident of Powhatan County, Virginia and must obtain and complete a Powhatan Food Pantry **application** for initial qualification and re-qualification (annually by March 1).
- Must provide proof of residency in Powh
- You must report changes to household income and the number of individuals in household to Powhatan Food Pantry as they occur.
- At the Pantry, clients are served, one client at a time, on first-come first-served bases during distribution hours. Supplies vary in the shopping area and we ask that all clients be respectful of the needs of others.
- Some form of identification may be required for identify purposes at each visit
- Your signature will be required at each visit for the Federal TEFAP Self-Declaration of Income form electronically.
- **Pre-authorized alternate** must be named for any USDA clients
- In the best interest of serving all our clients we reserve the right to decline service to those who are not willing to comply with our guidelines or with courteous behavior to our staff and other clients.

In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Adjudication, and 1400 Independence Avenue, S.W. Washington DC 20250-9410 or call toll free (866)632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through Federal Relay at (800)877-8339 or (800)845-6136 (Spanish). USDA is an equal opportunity provider and employer

Form PFP 1 (March-2016)

I have read and understand these guidelines: signature _____ printed _____ date _____

Signature _____

Coalition of Powhatan Churches
Powhatan Food Pantry Application

Legal Name: _____ **Physical Address:** _____

Mailing Address: _____ **Phone/contact #:** _____

Number of persons in home: _____

List individuals in the home, including yourself:

Last Name	First Name	Date of Birth	Gender	Relationship to applicant	Education Level	Type of Insurance

Describ _____

PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:

All of the information provided on this application is accurate. Failure to report accurate information is considered **FRAUD**. This includes failing to report all persons living in the household, failing to report all income, from all sources, failing to report all bank accounts, making false statements and withholding information. Failure to comply with program requirements could result in being ineligible for additional assistance.

It is my responsibility to provide all required documents to the Coalition of Powhatan Churches. Failure to provide documents will result in this application being denied. I fully understand the above statements.

Print Name: _____ Signature: _____

Date: _____

Income: (Need proof of income -Copy of two months bank statement, Social Services Grant Income Letter, and pay stubs for all people in the household. Verification required for all income received within the past 60 days)

Type/Source and Household member	Gross Amount	Frequency	(Staff Only) Calculation
TOTAL HOUSEHOLD INCOME:			

Resources: Verification required

Type of Account	Name of Bank	Account Balance	Staff Only Calculation

Does your family currently receive SNAP (Food Stamps)? Yes No Case Pending

Does your family currently receive Medicaid benefits? Yes No Case Pending

Does your family currently receive TANF: Yes No Case Pending

What is your monthly mortgage/rental payment? (*Circle One*) _____

Demographic information used for reporting purposes only:

Ethnicity of all individuals in household: *Please circle one.* Hispanic Not Hispanic

Race of Family: *Please circle one.* Black/African American White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-race Other

Does your family have Health Insurance: Yes No

If only some members have insurance, list who: _____

Is anyone in the home declared legally disabled: Yes No If, yes, who? _____