ALTERNATE PICK-UP REQUEST FORM

Emergency Food Assistance Pro		EFAP N	MAXIMUM I	NCOME
2017 Income Guidelines	·9· ···· (=: / ·· /	HOUSEHOLD SIZE		ANNUAL HOUSEHOLD INCOME
Date:		1	\$1,507.50	\$18,090
		2	\$2,030.00	\$24,360
Authorization:		3	\$2,552.50	\$30,630
I hereby authorize, to pick up		4	\$3,075.00	\$36,900
my United States Department of Agriculture Emergency Food Assistance		5	\$3,597.50	\$43,170
Program (EFAP) commodities as I am una	able to do so.	6	\$4,120.00	\$49,440
Certification:		7	\$4,642.50	\$55,710
I certify under penalty of perjury that my household income for the past 30 days does not exceed the EFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.		8	\$5,165.00	\$61,980
		9	\$5,687.50	\$68,250
		10	\$6,210.00	\$74,520
		Over 10	Add \$522.50 each	Add \$6,270 each
		•		REVISED 4/17
SIGNATURE	ADDRESS	ZIP	PE	JMBER OF EOPLE IN DUSEHOLD
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCE ALTERNATE PICK-UP REQUEST		CALIFOR	NIA DEPARTMENT O	F SOCIAL SERVICES
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REVISED 4/17

BIGNATURE	ADDRESS		NUMBER OF PEOPLE IN HOUSEHOLD
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