



AKWESASNE FOOD PANTRY INTAKE FORM

Name: _____ Date: _____
Street Address: _____ Apt.# _____
Town: _____ State/Prov: _____ Zip/Postal Code: _____
Phone Number: _____ Email: _____

HOUSEHOLD INFORMATION

TOTAL NUMBER IN HOUSEHOLD _____

How many **ADULTS (18-59)** Live in Your Household? _____

Name: _____

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

How many **CHILDREN (0-17)** Live in Your Household? _____

Name: _____

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

How many **SENIORS (60+)** Live in Your Household? _____

Name: _____

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you receive SNAP? _____ Are you interested in learning about SNAP? _____

Do you have Health Insurance? _____ Would like information on low cost health coverage? _____

Do you receive WIC? _____ Are you interested in learning about WIC? _____

I understand the rules and regulations for using the Akwesasne Food Pantry and I agree to follow them. I further state the above information written on this form is true. I understand that if I fail to follow the rules or give false information that I may be refused service from this pantry.

Do you attest that your household income is at or below the income listed on the USDA Commodities income guidelines for the number of people in your household?

Yes _____ No _____

Client Signature: _____ Date: _____



The Emergency Food Assistance Program (TEFAP) Attestation of Eligibility

Recipient Name:			
Zip Code:		Total Household Members:	

Step 1: Check one of the two boxes below to indicate how you are eligible for TEFAP.

- ☐ **Categorical:** You are categorically eligible to receive USDA Foods through TEFAP if your household participates in any of the following programs: **SNAP, WIC, TANF, Medicaid, or SSI.**
- OR -
- ☐ **Household Income:** If your gross annual household income is at or below 225% of the federal poverty level for the number of people in your household, you are eligible to receive USDA Foods through TEFAP (see appendix A).

Step 2: Check the box below to attest, then sign and date.

- ☐ **By checking here, you attest that the following is true:**
1. The recipient's name, zip code and household size provided above is correct.
 2. The recipient resides within New York State (there is no minimum length of residency required).
 3. The recipient meets the TEFAP eligibility guidelines in step 1.
 4. This food is for the recipient's home consumption only, and will not be sold, traded, or bartered.
 5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement below.

Signature (Optional)

Date (Required)

This form should remain on site where food is received.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed [AD-3027](#) form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture\Office of the Assistant Secretary for Civil Rights\1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

TEFAP Income Eligibility Table

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$31,213	\$47,588	\$59,963	\$72,338	\$84,713	\$97,088	\$109,463	\$121,828

RULES FOR THE AKWESASNE FOOD PANTRY

1. **You MUST reside within the territory of Akwesasne.** If you live outside Akwesasne, you will not be allowed a food box.
2. You can use the Pantry twelve (12) times a year. The year is from October 1st to September 30th.
3. You cannot use the Pantry until fourteen (14) days after you have received your food stamp benefits.
4. Your Pantry uses **MUST** be at least ten (10) days apart (except in emergency cases).
5. You must provide ALL required documentation by the second visit or we will NOT be able to serve you.
6. You must complete the Intake Form annually by October 1.
If you cannot attend on the scheduled Pantry Distribution night, no box will be held for you, you may have someone pick up for you as long as you give them a note.

DOCUMENTATION REQUIRED

1. Picture ID for the head of household.
2. Proof of address with name and current physical address on it. Rent receipt for the current month, lease agreement, light bill or other bill with 911 physical address on it.

I have read the rules and documentation requirements for the Akwesasne Food Pantry. I understand that I must follow these rules; failure to follow these rules could result in me/my family being refused service. I also understand that these rules are not only for this Food Pantry but, for all Food Pantries and if I visit another Food Pantry, that visit counts towards my twelve (12) visits per year.

Signature_____Date_____

AKWESASNE FOOD PANTRY
2026 DISTRIBUTION DATES
THIRD THURSDAY OF EVERY MONTH
3:00 PM – 5:00 PM

Regular Distribution

January 15
February 19
March 19
April 16
May 21
June 18
July 16
August 20
September 17
October 15
November 19
December 17

Mobile Pantry Distribution

January 16
February 20
March 20
April 17
May 22
*June 22
July 17
August 21
September 18
October 16
November 20
December 18

Mobile Food Pantry, please call the office to be added to delivery schedule. Mobile Food Pantry is for individuals that are elderly, disabled, lack of transportation, or illness.

Please follow Mohawk Indian Housing Corporation on Facebook for added food giveaways or other updates. We will not take applications on Food Pantry days. If you have any questions, please call our office Monday-Friday, 8:00 AM – 5:00 PM at (518) 358-4860 or via email to FoodPantry@mohawkhousing.org.

