



2020/2021 School Year

School/Site: _____

If your children don't attend the same school you must fill out a separate application for each child

Amador Tuolumne Community Action Agency (ATCAA)

(209) 984-3960 x101

POWER PACK PROGRAM APPLICATION

FOOD FOR KIDS

Please complete the following application in BLUE ink

PRINT LEGIBLY

Student Name _____ Age _____ Teacher _____

Student Name _____ Age _____ Teacher _____

Student Name _____ Age _____ Teacher _____

Student Name _____ Age _____ Teacher _____

Student Name _____ Age _____ Teacher _____

Parent or Guardian _____

Mailing Address _____ City _____ Zip _____

Phone or Message Number _____

Household Member Information -Include everyone in household

Name	Age	Name	Age

Number of Household Members:

Did you know that your family may qualify for other ATCAA Programs

Would you like someone to contact you from one of our other programs? Yes or No (please check one)

Please check all that you would like information about:

Head Start Programs Youth Programs Family & Adult Programs Housing Weatherization

Verification of Eligibility

I certify under penalty of perjury that my household income does not exceed the monthly guidelines listed below or for the past 12 months does not exceed the annual income guidelines listed below and that foods received will be for personal home use and will not be sold, traded or given away.

Number in Household	Total Monthly Income	Max. Yearly Income	Number in Household	Total Monthly income	Max. Yearly Income
1	\$2,498.83	\$29,986.00	7	\$7,762.83	\$93,154.00
2	\$3,376.17	\$40,514.00	8	\$8,640.17	\$103,682.00
3	\$4,253.50	\$51,042.00	9	\$9,517.50	\$114,210.00
4	\$5,130.83	\$61,570.00	10	\$10,394.83	\$124,738.00
5	\$6,008.17	\$72,098.00	Over 10	Add \$877.33 each	Add \$10,528.00 each
6	\$6,885.50	\$82,626.00			

I certify that my income does not exceed \$ _____ for a family of _____ persons.

Signature _____ Date _____

Provided by California Department of Social Services Emergency Food Assistance Program, U.S. Department of Health and Human Services Community Food and Nutrition Program, California Emergency Foodlink, and the Amador Tuolumne Community Action Agency Food Bank. No person shall be discriminated against in participating, due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local laws.