



The Power Packs Project is designed to help families stretch their grocery money, prepare low-cost meals for their families over the weekend and have their children fed well and ready to learn and thrive for the rest of the week.

Each Thursday, participating families will receive a recipe and the main ingredients to make one weekend meal. Power Packs Project will also distribute other food like cereal, peanut butter and soup and helpful tips on a variety of subjects.

To get the most out of the Power Packs program, many families save the recipes and create their own Power Packs cookbook. Families who received Power Packs last year report that the program was a big help and they learned a lot.

There is no cost for families to participate in the Power Packs Project. Once a week participants will receive ingredients to make a healthy meal that they can cook with their families. **New this year, families will have the opportunity to choose to have the Power Pack sent home with their student or choose to pick up the Power Pack.**

If you are in need, please complete the attached forms and return them to your student's assigned elementary school by September 9<sup>th</sup>. Please note if you would like the Power Pack sent home with your student or if you prefer to pick up the Power Pack at Wesley United Methodist in Strasburg.

\_\_\_\_\_ I am requesting the Power Pack be sent home from school with my student.

\_\_\_\_\_ I will pick up the Power Pack at Wesley United Methodist Church every Thursday between 3:30-5:00 P.M. Families who do not pick up their Power Packs for two consecutive weeks will be removed from the program to make room for other eligible families.

***Power Packs first distribution will be Thursday September 29<sup>th</sup>.***

2016-2017 Participant Agreement

\_\_\_\_\_ (Distribution Site)

I, \_\_\_\_\_, agree to participate in the Power Packs Project and will  
(Head of Household's Name)  
consistently pick up my family's Power Pack at \_\_\_\_\_ on distribution dates at \_\_\_\_\_ p.m.  
("Packs" Distribution Site)

My phone number is: \_\_\_\_\_. My e-mail address is \_\_\_\_\_.  
I agree to check each of the items in the Pack carefully to ensure that all the food is safe and appropriate for my family and refrigerate the food that must be kept cold. If I am unable to pick up my family's Power Packs, I will find a family member or friend to do so. I understand that if my family's Packs are not picked up on two consecutive Distribution Days or on a total of four Distribution Days during the school year, I may no longer be eligible to participate. I also agree to use only one distribution site. I am committed to improving my family's future, and agree to use the weekly Recipes and Tips provided by the Project, storing them in the folder provided for future reference.

Please list the total number of individuals who live in your household \_\_\_\_\_.  
Number of Adults: \_\_\_\_\_; Children: \_\_\_\_\_; Seniors, age 60 and over: \_\_\_\_\_.

Adult:	Child / Age :	School:	School ID number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARTICIPATION STATUS**  
Is this your first time participating in Power Packs?  Yes  No  
If no, how many years have you been in the program? \_\_\_\_\_

**KITCHEN SUPPLIES**  
Check the items that you own:  Crockpot  Electric Skillet  Oven/Toaster Oven  Blender

**TRANSPORTATION**  
Check the mode of transportation your child uses to get home from school:  
 Bus  Walks  Parent or Sibling Pick Up  Other

**PHOTO/VIDEO RELEASE**  
I give my permission for photos/videos in which my child (or ward) or myself appears as a participant in the program to appear in brochures, videos and other promotional media used by the Power Packs Project.  
 Yes, I give my permission.  
 No, I do not give my permission.

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions regarding this program, contact: \_\_\_\_\_, at \_\_\_\_\_ during school hours.  
(Site Liaison) (Phone Number)



Children (0-17) \_\_\_\_\_  
 Adults \_\_\_\_\_  
 Seniors (60 and up) \_\_\_\_\_

**Bureau of Food Distribution**

**The Emergency Food Assistance Program (TEFAP)**

"Self Declaration of Need"

Effective July 1, 2016 to Jun 30, 2017

\_\_\_\_\_  
 Recipient Name

\_\_\_\_\_  
 Agency Representative Signature      Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Distribution Site Name      Number

\_\_\_\_\_  
 City      State      Zip

\_\_\_\_\_  
 Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Household Size	Total Household Income (based on 150% of Poverty)			
	Circle One	Annual	Monthly	Weekly
1	\$	17,820	\$ 1,485	\$ 343
2	\$	24,030	\$ 2,003	\$ 462
3	\$	30,240	\$ 2,520	\$ 582
4	\$	36,450	\$ 3,038	\$ 701
5	\$	42,660	\$ 3,555	\$ 820
6	\$	48,870	\$ 4,073	\$ 940
7	\$	55,095	\$ 4,591	\$ 1,060
8	\$	61,335	\$ 5,111	\$ 1,180
<i>For each additional family member add:</i>	\$	6,240	\$ 520	\$ 120

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

**I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.**

\_\_\_\_\_  
 Recipient Signature

\_\_\_\_\_  
 Date



Return completed form to the agency that provided it to you.

**THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.**

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

The Emergency Food Assistance Program  
Pennsylvania TEFAP Proxy Form

Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to pick up my  
TEFAP Food Package and deliver it to me.

Client Signature \_\_\_\_\_

Proxy Signature \_\_\_\_\_

Proxy ID Verified

Pantry Representative \_\_\_\_\_

## USDA Nondiscrimination Statement

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
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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