

Have you used ANY Beverly Bootstraps services prior to this visit?
If you have, please let our Front Desk know.

HEAD OF HOUSEHOLD INFORMATION

Date: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Address: _____ Apt #: _____

City: _____ How many years have you lived in your current city? _____

Phone: _____ - _____ - _____ Email: _____

Date of Birth: _____ Primary Language: _____

Race: ☐ White ☐ Black/African American ☐ Asian ☐ Hawaiian/Pacific Islander
☐ American Indian/Alaskan Native ☐ Prefer Not to Answer ☐ Don't Know ☐ Other _____

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Veteran/Active Military: ☐ Yes ☐ No Disabled: ☐ Yes ☐ No

Health Insurance: ☐ MassHealth ☐ Medicare ☐ Private ☐ None ☐ Other _____

Do you receive SNAP Benefits? ☐ Yes ☐ No Amount: \$ _____
 If no, why? ☐ Income ☐ Program Requirements Changes

What is your employment status? ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Seasonal
☐ Student ☐ Retired ☐ Unable to Work

What is the last grade of schooling you successfully completed? _____

GENERAL HOUSEHOLD INFORMATION

What is your housing situation? Check the box that best applies.

☐ Public Housing ☐ Market Rent ☐ Staying with Friends/Relatives ☐ Own
☐ Section 8 ☐ Affordable Housing ☐ Homeless: ☐ With Shelter ☐ Without Shelter

What is your household annual (per year) income?

☐ \$0 – \$12,000 ☐ \$12,001 – \$21,257 ☐ \$21,258 – \$28,694 ☐ \$28,695 – \$36,131
☐ \$36,132 – \$43,568 ☐ \$43,569 – \$51,005 ☐ \$51,006 – \$58,442 ☐ \$58,443 – \$65,879
☐ \$65,880 – \$73,316 ☐ \$73,317 or more Exact Monthly or Annual Income: \$ _____

Do you OR your dependents participate in any of the following programs? Check all that apply.

☐ Meals on Wheels ☐ WIC ☐ Fuel Assistance ☐ SNAP \$ _____
☐ Free/Reduced School Lunch ☐ Head Start ☐ Veterans Aid ☐ TAFDC/Cash Assistance

HOUSEHOLD MEMBERS

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

Full Name: _____ Gender: ☐ M ☐ F ☐ _____

Date of Birth: _____ Relationship: _____

How did you hear about Beverly Bootstraps?

☐ Community Agency

☐ School

☐ Family/Friend

☐ Religious Group

☐ Mailing

☐ Doctor's Office

☐ Other: _____

CERTIFICATION

The applicant certifies that all information in the application is true and correct to the best of his or her knowledge, no information has been excluded which might reasonably affect a judgment regarding the applicant's eligibility, and the applicant was informed of all the programs at Beverly Bootstraps that are available to him/her.

Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Date: _____

Full Name: _____

Do you use other food pantries?

☐ **Salvation Army**

☐ **Church of the Nazarene**

☐ **Accord**

☐ **Open Door**

☐ **Other:** _____

Will you be the person responsible for picking up food?

☐ **YES** ☐ **NO**

If no, who will be responsible?

Name: _____

Do you want to participate in the USDA Program?

(See next page for details)

☐ **YES** ☐ **NO**

THE EMERGENCY FOOD ASSISTANCE PROGRAM

INCOME ELIGIBILITY GUIDELINES

JULY 1, 2025 TO JUNE 30, 2026

Please use the following figures when determining if recipients are eligible to receive USDA commodity foods under The Emergency Food Assistance Program/TEFAP.

# of Household Members	Annual Income	Monthly Income	Weekly Income
1	\$39,125	\$3,260	\$752
2	\$52,875	\$4,406	\$1,017
3	\$66,625	\$5,552	\$1,281
4	\$80,375	\$6,698	\$1,546
5	\$94,125	\$7,844	\$1,810
6	\$107,875	\$8,989	\$2,075
7	\$121,625	\$10,135	\$2,339
8	\$135,375	\$11,281	\$2,603
For each additional household member, add:	+\$13,750	+\$1,146	+\$264

In addition, households that participate in the following means tested program are also TEFAP eligible: SNAP, AFDC, TANF, WIC, Welfare, Medicaid, Supplemental Security Income, Head Start, Fuel Assistance or Veteran's Aid.

By signing, I declare my eligibility to receive USDA food and this is valid unless stated. I will notify Beverly Bootstraps should my income change.

Date: _____

Name: _____

Signature: _____

Our food pantry is set up to provide emergency and supplemental food assistance for Beverly, Manchester, Essex, Hamilton, and Wenham families in need. Because of the growing number of people needing help, we ask that you complete an intake form. This information will be kept confidential and used only to help us get food and money so that we can continue to be here to serve you. You will be asked to complete one intake form per address/household.

Each time you come to the Pantry, we will ask for identification verifying Beverly, Manchester, Essex, Hamilton, or Wenham residency.

The documentation must include:

1. Your name
2. Your address
3. A date within 30 days

Bills, formal rent receipts, prescriptions and postmarked mail are good examples.

The Pantry is open:

Monday: 10:00 am – 4:00 pm

Tuesday: 1:00 pm – 6:00 pm

Wednesday: 10:00 am – 6:00 pm

Thursday: 10:00 am – 2:00 pm

The pantry will be closed on holidays and during the winter months if Beverly Public Schools are closed due to bad weather.

Households are asked to wait 7 days between visits.

Much of the food you receive is donated: therefore, it may be different brands each time you come, and it may be different from another person receiving goods at the same time. It is our policy to treat everyone as equally as possible.

Every item has been checked for freshness; however, this is a very large job. It is possible that an item may get passed over, so please check everything. **You are responsible for food's viability.**

When in doubt, throw it out!

We have a limited supply of personal care items, baby foods, and diapers. If you have a need for any of these items, please let us know each time you check in.

You will receive **reusable bags** at your first food pantry visit and **should bring them back each time you visit**. You are welcome to bring any of your own bags as we try not to provide more bags.