



SM
All Access Community Dev. Corp
People Serving People

ALL ACCESS COMMUNITY DEVELOPMENT CORPORATION REGISTRATION FORM

Name (print): _____

Date of Birth: _____ Gender M F Non-binary

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number (cell preferable): _____

Email address: _____

Number of adults in household: _____: Number of children under 18 in household _____

QUALIFYING REASON (please check):

1. **TANF – Temporary Assistance for Needy Families (Social Services Program)**
2. **SNAP/Food Stamps** Ran out/insufficient Lost Stolen Not Received
3. **SSI – Supplemental Security Income (NOT Social Security)**
4. **WIC – Women, Infants, and Children, other-**
5. **MEDICAID**
6. **LOW INCOME – 185% of Poverty (see schedule attached)**
7. **DISASTER (other–divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: _____

I am accepting a charitable donation of food and/or products from **All Access Community Development Corporation**. I hereby relinquish **All Access Community Development Corporation** of all liability of any nature whatsoever and accept the food and other products "as is" and at my own risk.

CLIENT SIGNATURE: _____ DATE: _____

Interviewer Name: _____

HOUSEHOLD INFORMATION

Additional Household Members:

Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

Gender: M F Non-binary

Require: Sanitary Napkins Adult Incontinence Diapers Infant Diapers

Full Name: _____ Date of Birth: _____

Relationship to you: spouse child sibling parent grandparent grandchild
aunt/uncle niece/nephew other relative unrelated adult

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2022 Poverty Guidelines: 48 Contiguous States (all states except AK and HI)

Per Year

Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%
1	\$3,398	\$6,795	\$10,193	\$13,590	\$16,988	\$18,075	\$18,947	\$18,754	\$20,985	\$23,783	\$24,462	\$25,142	\$27,180	\$30,578	\$33,975
2	\$4,578	\$9,155	\$13,733	\$18,310	\$22,888	\$24,352	\$24,719	\$25,268	\$27,465	\$32,043	\$32,958	\$33,874	\$36,620	\$41,198	\$45,775
3	\$5,758	\$11,515	\$17,273	\$23,030	\$28,788	\$30,630	\$31,091	\$31,781	\$34,545	\$40,303	\$41,454	\$42,606	\$46,060	\$51,818	\$57,575
4	\$6,938	\$13,875	\$20,813	\$27,750	\$34,688	\$36,908	\$37,463	\$38,295	\$41,625	\$48,563	\$49,950	\$51,338	\$55,500	\$62,438	\$69,375
5	\$8,118	\$16,235	\$24,353	\$32,470	\$40,588	\$43,185	\$43,835	\$44,809	\$48,705	\$56,823	\$58,446	\$60,070	\$64,940	\$73,058	\$81,175
6	\$9,298	\$18,595	\$27,893	\$37,190	\$46,488	\$49,463	\$50,207	\$51,322	\$55,785	\$65,083	\$66,942	\$68,802	\$74,380	\$83,678	\$92,975
7	\$10,478	\$20,955	\$31,433	\$41,910	\$52,388	\$55,740	\$56,579	\$57,836	\$62,865	\$73,343	\$75,438	\$77,534	\$83,820	\$94,298	\$104,775
8	\$11,658	\$23,315	\$34,973	\$46,630	\$58,288	\$62,018	\$62,951	\$64,349	\$69,945	\$81,603	\$83,934	\$86,266	\$93,260	\$104,918	\$116,575
9	\$12,838	\$25,675	\$38,513	\$51,350	\$64,188	\$68,296	\$69,323	\$70,863	\$77,025	\$89,863	\$92,430	\$94,998	\$102,700	\$115,538	\$128,375
10	\$14,018	\$28,035	\$42,053	\$56,070	\$70,088	\$74,573	\$75,695	\$77,377	\$84,105	\$98,123	\$100,926	\$103,730	\$112,140	\$126,158	\$140,175
11	\$15,198	\$30,395	\$45,593	\$60,790	\$75,988	\$80,851	\$82,067	\$83,890	\$91,185	\$106,383	\$109,422	\$112,462	\$121,580	\$136,778	\$151,975
12	\$16,378	\$32,755	\$49,133	\$65,510	\$81,888	\$87,128	\$88,439	\$90,404	\$98,265	\$114,643	\$117,918	\$121,194	\$131,020	\$147,398	\$163,775
13	\$17,558	\$35,115	\$52,673	\$70,230	\$87,788	\$93,406	\$94,811	\$96,917	\$105,345	\$122,903	\$126,414	\$129,926	\$140,460	\$158,018	\$175,575
14	\$18,738	\$37,475	\$56,213	\$74,950	\$93,688	\$99,684	\$101,183	\$103,481	\$112,425	\$131,163	\$134,910	\$138,658	\$149,900	\$168,638	\$187,375

Per Month

Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%
1	\$283	\$566	\$849	\$1,133	\$1,416	\$1,506	\$1,529	\$1,563	\$1,699	\$1,982	\$2,039	\$2,095	\$2,265	\$2,548	\$2,831
2	\$381	\$763	\$1,144	\$1,526	\$1,907	\$2,029	\$2,060	\$2,106	\$2,289	\$2,670	\$2,747	\$2,823	\$3,052	\$3,433	\$3,815
3	\$480	\$960	\$1,439	\$1,919	\$2,399	\$2,552	\$2,591	\$2,648	\$2,879	\$3,359	\$3,455	\$3,550	\$3,838	\$4,318	\$4,798
4	\$578	\$1,156	\$1,734	\$2,313	\$2,891	\$3,076	\$3,122	\$3,191	\$3,469	\$4,047	\$4,163	\$4,278	\$4,625	\$5,203	\$5,781
5	\$676	\$1,353	\$2,029	\$2,706	\$3,382	\$3,599	\$3,653	\$3,734	\$4,059	\$4,735	\$4,871	\$5,006	\$5,412	\$6,088	\$6,765
6	\$775	\$1,550	\$2,324	\$3,099	\$3,874	\$4,122	\$4,184	\$4,277	\$4,649	\$5,424	\$5,579	\$5,733	\$6,198	\$6,973	\$7,748
7	\$873	\$1,746	\$2,619	\$3,493	\$4,366	\$4,645	\$4,715	\$4,820	\$5,239	\$6,112	\$6,287	\$6,461	\$6,985	\$7,858	\$8,731
8	\$971	\$1,943	\$2,914	\$3,886	\$4,857	\$5,168	\$5,246	\$5,362	\$5,829	\$6,800	\$6,995	\$7,189	\$7,772	\$8,749	\$9,715
9	\$1,070	\$2,140	\$3,209	\$4,279	\$5,349	\$5,691	\$5,777	\$5,905	\$6,419	\$7,489	\$7,703	\$7,916	\$8,558	\$9,628	\$10,698
10	\$1,168	\$2,336	\$3,504	\$4,673	\$5,841	\$6,214	\$6,308	\$6,448	\$7,009	\$8,177	\$8,411	\$8,644	\$9,345	\$10,513	\$11,681
11	\$1,266	\$2,533	\$3,799	\$5,066	\$6,332	\$6,738	\$6,839	\$6,991	\$7,599	\$8,865	\$9,119	\$9,372	\$10,132	\$11,398	\$12,665
12	\$1,365	\$2,730	\$4,094	\$5,459	\$6,824	\$7,261	\$7,370	\$7,534	\$8,189	\$9,554	\$9,827	\$10,099	\$10,918	\$12,283	\$13,648
13	\$1,463	\$2,926	\$4,389	\$5,853	\$7,316	\$7,784	\$7,901	\$8,076	\$8,779	\$10,242	\$10,535	\$10,827	\$11,705	\$13,168	\$14,631
14	\$1,561	\$3,123	\$4,684	\$6,246	\$7,807	\$8,307	\$8,432	\$8,619	\$9,369	\$10,930	\$11,243	\$11,555	\$12,492	\$14,053	\$15,615

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Primary language spoken in household: English Spanish Korean Filipino
Arabic Hindi Indonesian Malay Polish Russian

Ethnicity: White/Caucasian Black/African American Hispanic/Latino Asian
Pacific Islander Middle Eastern/North-African Native American

Any household member self-identifies as: veteran disabled recent immigrant refugee
evacuee mental illness pregnant/breastfeeding/postpartum

Household dietary considerations: diabetic egg yolk allergy fruit allergy
gluten allergy Halal Kosher low-sodium diet milk allergy peanut allergy
seafood allergy sesame allergy soy allergy sulfite sensitivity tree nuts allergy
vegan vegetarian wheat allergy Other: _____

Referred by: existing client family/friend media/news/outreach Internet search
other food pantry agency Other _____

Do you have a consistent way of picking up from our distribution site?

- YES, if I have an order, I will come pick it up
 NO, I have difficulty coming to pick up

VERIFICATION & PROMISE TO RECEIVE FOOD: I understand that, if I reserve food or other assistance but then fail to pick it up or otherwise take receipt, I may deprive OTHERS who needed that assistance and by doing so, I may be removed from the list to receive food from us in the future or other services provided by us in the future. I agree to abide by the above and by all other policies and procedures of **All Access Community Development Corporation**, and I understand and agree that assistance may be immediately terminated otherwise.

CLIENT SIGNATURE: _____ **DATE:** _____

If you are filling out this application on your own, upon completion you can scan it and submit via email (as a PDF file attachment only – NO PHOTOS) to intake@allaccess-cdc.com, or you can mail it to:

**All Access Community Development Corporation
ATTN: Intake
800 Catalpa Avenue, Suite 4
Teaneck, NJ 07666**

Non-Discrimination Statement

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

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.

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