

Client ID: _____

Yadkin Christian Ministries Client Information Form

Documento de Informacion para Clientes

For Food Assistance complete this section *(Para asistencia alimentaria complete esta seccion)*

Name: _____ County: _____
Nombre Condado

Total Number in Household: _____ Food Stamps (FNS): _____
Numero Total en la Familia Estampias da comida Total \$

Monthly Household Income: _____
Ingresos mensuales totales

Effective February 18, 2026 through September 30, 2026
The Emergency Food Assistance Program
Income Eligibility Guidelines for Household Eligibility for USDA Foods
Household Gross Income Must Be Below Level of Appropriate Size Household

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$31,920	\$2,660	\$614
2	\$43,280	\$3,607	\$883
3	\$54,640	\$4,554	\$1,051
4	\$66,000	\$5,500	\$1,270
5	\$77,360	\$6,447	\$1,488
6	\$88,720	\$7,394	\$1,707
7	\$100,080	\$8,340	\$1,925
8	\$111,440	\$9,287	\$2,143
EACH ADDITIONAL FAMILY MEMBER	(+\$11,360)	(+\$947)	(+\$219)

For additional services complete this section *(Para servicios adicionales complete esta seccion)*

Street Address: _____
Direccion Postal

City: _____ State: _____ Zip: _____
Ciudad EstadoCodigo Postal

Phone Number: _____
Numero de Telefono

Client ID: _____