



**SALVAGE FOOD PROGRAM  
 PARTICIPANT SIGN-IN FORM**

AGENCY: \_\_\_\_\_

FOR THE MONTH OF: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_

**INCOME ELIGIBILITY GUIDELINES**  
**GROSS INCOME MUST NOT EXCEED THE FOLLOWING:**

NUMBER IN HOUSEHOLD	GROSS MONTHLY INCOME	GROSS YEARLY INCOME
1	\$ 1,300.00	\$ 15,600.00
2	1,750.00	21,000.00
3	2,200.00	26,400.00
4	2,650.00	31,800.00
5	3,100.00	37,200.00
6	3,550.00	42,600.00
7	4,000.00	48,000.00
8	4,450.00	53,400.00
9	4,900.00	58,800.00
10	5,350.00	64,200.00
OVER 10	+450.00 EACH	+5,400.00 EACH

These amounts have been established by the State Department of Social Services and have been approved for use throughout California by the Federal Food and Nutrition Service.

**CLIENT ELIGIBILITY CERTIFICATION**

By my signature below, I certify under penalty of perjury that my household gross monthly income does not exceed the above amounts indicated for the number of individuals residing within my household.

SIGNATURE	ADDRESS	M	F	H.H. SIZE
1.				
2.				
3.				
4.				
5.				

PARTICIPANT SIGN-IN FORM

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SIGNATURE	ADDRESS	M	F	H.H. SIZE
6.				
7.				
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21.				
22.				

TOTAL M & F: \_\_\_/\_\_\_

TOTAL NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_

SUB-DISTRIBUTING AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TOTAL NUMBER OF VOLUNTEERS: \_\_\_\_\_