

# ***Town of Stratford Mobile Food Pantry***

Neighbors in need of food will be offered a selection of meats, dairy, fresh produce, and other groceries.

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**FIRST WEDNESDAY OF THE MONTH**

**10:00 AM - 12:00 PM**

**STRATFORD COMMUNITY CENTER  
120 PISECO ROAD | STRATFORD, NY 13470**

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For more information, please contact  
Dick Fogarty (315) 717-6966

**PRE-REGISTRATION PREFERRED**

Intake forms can be found at and returned to  
the Town Clerk's Office, or returned to  
PO BOX 218 Stratford, NY 13470

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**PLEASE BRING A REUSABLE BAG!**

Brought to you by the Town of  
Stratford and the Regional Food  
Bank of Northeastern New York.



**Regional  
Food Bank**  
OF NORTHEASTERN NEW YORK



## The Emergency Food Assistance Program (TEFAP) Attestation of Eligibility

Recipient Name				Total Household Members	
Street Address			City		ZIP

**OPTION 1: Household Income:** If your gross annual household income is at or below the amount listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$30,578	\$41,198	\$51,818	\$62,438	\$73,058	\$83,678	\$94,298	\$104,918

\*For each additional family member add \$10,620.

**OPTION 2: Categorical Eligibility:** You are categorically eligible to receive USDA Foods through TEFAP if your household participates in any of the following programs: **SNAP, WIC, TANF, Medicaid, or SSI.**

**By checking here, you attest that the following is true:**

1. The recipient's name, address and household size provided above is correct.
2. The recipient resides within New York State (there is no minimum length of residency required).
3. The recipient meets Option 1 and/or Option 2 of TEFAP eligibility guidelines above.
4. This food is for the recipient's home consumption only, and will not be sold, traded or bartered.
5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement below.

\_\_\_\_\_  
Recipient Signature (optional)

\_\_\_\_\_  
Date (required)

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.