Racine County Food Bank
2000 De Koven Avenue, Unit #2
Racine, WI 53403-2481

Holiday Meal Box Application

2026

Have you or any other member of your household signed up for a Holiday Meal Box at any other location? ☐ **YES** ☐ **NO**

With my signature below, I certify that:

- ✓ My household income does not exceed the monthly limits listed in the table to the right (annual income may be used for seasonal and migrant workers).
- ✓ I release all of the agencies collaborating to provide a holiday meal box from any liability resulting from any food that I might receive.
- ✓ I authorize the collaborating agencies to share the information provided on this form to prevent duplication of service.
- ✓ I understand that falsifying any information on this form may subject me to criminal prosecution and restitution for food received.

MAXIMUM GROSS MONTHLY INCOME FOR ELIGIBILITY								
Household Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$2,660	$3,607	$4,558	$5,500	$6,447	$7,393	$8,340	$9,287
Annual Income	$31,920	$43,280	$54,640	$66,000	$77,360	$88,720	$100,080	$111,400

For each additional household member, add $11,360 for annual income or $946 for Monthly Income

RECIPIENT SIGNATURE:_____ **DATE:**_____ **PHOTO ID VERIFIED:** ☐ **(Note: picture ID is required)**

Street Address	**Apartment Number**	**City**	**Zip Code**	**Telephone Number**

Name	**Age (Circle One)**						**Gender**		**Race / Ethnicity (Circle One)** A=Asian, B=Black, H=Hispanic, N=Native American, O=Other, W=White, T=2 or More, U=Unspecified								**Address Verified?**	
RECIPIENT:																		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U	☐ YES	☐ NO
ALL ADDITIONAL HOUSEHOLD MEMBERS (Use additional forms if needed):																		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U		
TOTALS:																		

Form completed by: Agency Name:_____ **Office Use Only:** Entered into Data Base (Date):_____ By:_____

Revised 10-15-2026