



The James Island Outreach serves neighbors in James Island and Folly Beach by providing emergency assistance with food and finances as well as educational opportunities. Eligible clients must show proof of residency on James Island or Folly Beach and have house-hold income below TEFAP/USDA established levels.

**Application and required documents can be returned during office hours
 Tuesday and Thursday 9:00 am to Noon
 1872-C Camp Rd, Charleston, SC 29412
 Please call 843-762-3653 with any questions.**

Required Documents:

- JIO Client Application
- Government issued photo ID (Driver’s License, ID Card, Passport)
- Proof of residence (provide any 2): Address on ID, utility bill, mortgage or rental agreement

The Emergency Food Assistance Program Income Eligibility Guidelines effective 3/2021			
Household Size	Per Year	Per Month	Per Week
1	\$19,320	\$1610	\$372
2	\$26,130	\$2178	\$503
3	\$32,940	\$2745	\$633
4	\$39,750	\$3313	\$764
5	\$46,560	\$3880	\$895
6	\$53,370	\$4448	\$1026
7	\$60,180	\$5015	\$1157
8	\$66,990	\$5583	\$1288
Amount per person above 8	\$6,810	\$568	\$131

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

This institution is an equal opportunity provider.

JIO Client Application

Name (First, Last): _____ Date of Birth: _____

Phone: _____

Last 4 Social Security: xxx-xx-_____

Address: _____

Race: African American Asian
Caucasian Latino/Hispanic Multi-racial
Native American Other

City, State Zip: _____

Email: _____

Gender: Male Female

Household Members (Adults and children)

Name (First, Last)	Date of Birth	Last 4 SSN	Income (weekly/monthly/annual)	Source of Income

Do you currently receive: Food Stamps/SNAP TANF SSI

Charity Tracker Release of Information: *CharityTracker* is a shared, computerized record keeping system that contains information about people experiencing need for basic needs services and financial stability services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Trident United Way administers CharityTracker on behalf of participating agencies in Berkeley, Charleston and Dorchester county including James Island Outreach.

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I also understand that if I choose to not participate, this may limit response to my need. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information. This Release of Information will remain in effect for three (3) years from the date noted under my signature at the bottom of this page unless I make a formal request to this organization that I no longer wish to participate in CharityTracker.

I authorize James Island Outreach (Participating Agency) to share my and my dependent's basic identifying and non-confidential service transactions/information as needed with other organizations so as to enable the best possibilities for assistance with my need. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

X

Client and/or Parent-Legal Guardian's
Authorizing Signature

Date

X

James Island Outreach
Agency Representative Signature

Date

Office Use Only: Residency Doc. 1: _____ 2: _____ Initials: _____