APPLICATION FOR USDA DONATED FOODS - TEFAP

Name:_____ Spouse: _____
(last name, first, middle int.) (first name)

Street Address: _____ Phone number: _____

City: _____ County: _____

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. **I am not receiving USDA foods from another source.**

Person must provide a statement from HH if providing info. I certify all information provided is true and correct. **[Signature of Household (HH) or Authorized Rep. (AR)]**	House hold Size	Monthly Income		I.D. Viewed	Begin & Ending dates of Cert. Month & Year	Today's Date Mo./day/Yr.	Agency Initial
A.							
B.							
C.							
D.							
E.							
F.							

Eligible: Yes/No If not Eligible, reason: _____

Name:_____

1. I authorize _____to pick up my USDA commodities. (Date) _____ (Agency doc.) _____

2. I authorize _____to pick up my USDA commodities. (Date) _____ (Agency doc.) _____

.

Person must have statement from HH to pick up food. I received USDA foods for the month listed. **[Signature of Household (HH) or Authorized Rep. (AR)]**		Agency Documentation		I.D. Viewed		USDA food issuance date Month/Day/Year	Agency Initial
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

Revised 07/2019

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 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;

(3) email: program.intake@usda.gov.

(2) fax: (202) 690-7442; or

This institution is an equal opportunity provider.