

Application Approved
(Y/N)

If no; reason for denial:

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.						

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

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

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.**

	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.				
12.				

This is an equal opportunity program. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe you have been discriminated against because of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250

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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: Program.Intake@usda.gov

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