

THE EMERGENCY SUPPLEMENTAL FOOD PROGRAM (TEFAP) APPLICATION

Contracted Food bank: **Harvest Hope Food Bank**

Distributing Agency Name & AG# (if different from Contracting Food Bank):

ERA Name: _____ AG# _____

County Name: _____ Application Date: _____

Applicant Information (Please Print Clearly)				
Applicant Name:	DOB:	Age:	Sex:	
Residential Address:	City:	State:	Zip Code:	Home Phone: <i>with area code</i>
Mailing Address:	City:	State:	Zip Code:	Cell Phone: <i>with area code</i>

Household Income

Did you provide a copy of the current adjusted household income guidelines at 150 percent Federal Poverty Income Guideline to applicant? Yes No

Does the applicant already receive: SNAP TANF SSI

Gross Household Income: \$ _____ **Source(s) of Income:** _____

Monthly Twice-monthly Every 2 Weeks Weekly

Total Household Members _____

I authorize the following persons to pick up food for me from the Food Distribution Center.

1. _____ 2. _____

Eligibility Verification _____ **Approved** _____ **Not Approved**

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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.

Signature of Applicant: _____ **Date:** _____

The applicant must sign below each time after the initial request for emergency food assistance is made. Eligibility information provided initially should be reviewed each time to determine continued eligibility to the applicant.

My signature below certifies my continued eligibility for USDA Commodity Program assistance based on qualifying program participation or gross household income at or below the limit for my household size.

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