

**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**

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.

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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](mailto: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.**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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