

**THE EMERGENCY SUPPLEMENTAL FOOD PROGRAM (TEFAP) APPLICATION
2022-2023**

Contracted Food bank: **Golden Harvest Food Bank**

Distributing Agency if different from Contracting Food Bank: _____

County Name: _____ Application Date: _____

Applicant Information (Please Print Clearly)				
Applicant Name:	Age:	Sex:	Date of Birth:	
Residential Address:	City:	State:	Zip Code:	Home Phone:
Mailing Address:	City:	State:	Zip Code:	Cell Phone:
Household Income				
Does the applicant already receive: <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI? Did you provide a copy of the current adjusted household income guidelines at 150 percent Federal Poverty Income Guideline to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Gross Household Income: \$ _____ Source(s) of Income: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly				
Total Household Members: _____ Over 60: _____ Under 18: _____				
I authorize the following persons to pick up food for me from the Food Distribution Center. <div style="display: flex; justify-content: space-around;"> 1. _____ 2. _____ </div>				
Eligibility Verification _____ Approved _____ Not Approved				
<p>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.</p> <p>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.</p> <p>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:</p> <p>(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</p> <p>This institution is an equal opportunity provider.</p> <p style="text-align: center;">Client signature is optional, agency worker may write client's name in the "Received by" field)</p>				
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.

(Client signature is optional, agency worker may write client's name in the "Received by" field)

Received by: _____	Date: _____
Received by: _____	Date: _____
Received by: _____	Date: _____
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Received by: _____	Date: _____
Received by: _____	Date: _____
Received by: _____	Date: _____
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