

TEFAP ELIGIBILITY APPLICATION

TEFAP-3 Revised 09/2022

NAME:	
ADDRESS:	
CITY:	
COUNTY:	Lincoln
NUMBER OF PEOPLE IN HOUSEHOLD:	

A. I receive Food & Nutrition Services: _____ Yes _____ No

B. My household's gross income is: \$ _____ yearly _____ monthly _____ weekly

C. The number of persons in my household is: _____

D. The following persons are authorized to pick up my food (if applicable):

1. _____	2. _____
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Signature of Applicant

Date

FOR OFFICE USE ONLY:

Certification Period: _____ Approved
 _____ Not Approved

Distribution Package to include:

ALMONDS ROASTED WHOLE SHELL PKG	DATE PIECES DRIED PKG	PORK CHOPS BNLS FRZ PKG
ASPARAGUS CAN	GRAPES VARIETY FRESH CTN	RAISINS PKG
BEANS GREAT NORTHERN DRY PKG	MIXED FRESH PRODUCE	SALMON RED CAN
BEEF CHILI W/BEANS PKG	OIL VEGETABLE BTL	SPAGHETTI SAUCE MEATLESS CAN
BEEF FINE GROUND FRZ PKG	PASTA SPAGHETTI BOX	SPINACH CAN
BEEF STEW CAN	PEACHES FREESTONE SLICES FRZ C	SWEET POTATO FRESH PKG
CHERRY APPLE JUICE PLST BTL	PEANUT BUTTER SMOOTH JAR	SWEET POTATOES W/ SYRUP CAN
CHICKEN BREAST BNLS IQF PKG	PEAS CAN PEAS CAN	WALNUT WALNUT ENG PCS CTN
CORN WHOLE KERNEL CAN	PISTACHIO ROASTED IN SHELL PKG	

Issued by: _____

Agency Representative Signature

Date

IMPORTANT—READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 95-86 as amended)

Received by: _____

Signature of Recipient

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, audiotape, 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) 877-3539.

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-0508-0002-508-11-23-17Fac2Mail.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:

- (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: (833) 256-1665 or (202) 690-7442; or (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.