

TEFAP ELIGIBILITY APPLICATION

TEFAP-3 Revised 09/2023

NAME:	
ADDRESS:	
CITY:	
COUNTY:	
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:

ALMOND NATURAL WHOLE SHELL CTN	CHEESE BLEND AMER SKM LVS	ORANGE JUICE PLST BTL
ALMONDS ROASTED WHOLE SHELL PKG	CHEESE CHED YEL CHUNKS	PASTA SPAGHETTI BOX
APPLESAUCE CAN	CHEESE CHED YEL SHRED	PEACH FREESTONE DICED FRZ CUP
APPLESAUCE CUPS	CHERRIES DRIED PKG	PEACHES CLING SLICES CAN
BEANS BLACK CAN	CHERRIES SWEET PITTED IQF BAG	PISTACHIO ROASTED IN SHELL PKG
BEANS DRY GARBANZO PKG	CHICKEN DRUMSTICKS FROZEN PKG	PORK CHOPS BNLS FRZ PKG
BEANS DRY SPLIT PEA GREEN PKG	CHICKEN LEG QTRS FROZEN PKG	PORK LOIN ROAST FRZ CTN
BEANS DRY SPLIT PEA YELLOW PKG	CORN WHOLE KERNEL CAN	RAISINS PKG
BEANS GARBANZO CAN	DATE PIECES DRIED PKG	RICE US#2 LONG GRAIN PKG
BEANS GREEN CAN	FISH AK POLLOCK STICKS FRZ PKG	SALMON PINK CAN
BEANS PINTO DRY PKG	GRAPEFRUIT FRESH CTN	SPAGHETTI SAUCE MEATLESS CAN
BEEF CAN	GRAPES VARIETY FRESH CTN	STRAWBERRY WHOLE UNSWT CTN
BEEF CHILI W/BEANS PKG	K SALMON PINK CAN	TOMATO DICED CAN
BEEF FINE GROUND FRZ PKG	LENTILS DRY PKG	V-LOW SODIUM COLLARDS CAN
BLUEBERRY HIGHBUSH FRZ CTN	MIXED FRESH PRODUCE	V-MIXED VEGETABLES CAN
BLUEBERRY WILD FRZ CTN	MIXED FRUIT CAN	WALNUT ENG PCS CTN

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 93-86 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) 877-8339.

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:

- (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.