



Household Application for USDA Foods

Feb 2017

North Texas Food Bank Intake Form

Only the information on this form is required to receive USDA Foods through TEFAP (The Emergency Food Assistance Program)

Section 1 – Application (to be completed by household member)

By signing below, I certify that:

- 1. I am a member of the household living at the address provided in Section 2 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program
2. All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct, and
3. If applicable, the information provided by the household's Authorized Representative (as named below or as authorized on a separate page) is also, to the best of my knowledge and belief, true and correct

Signature of household member _____

Date _____

Name of proxy (person given authority to act on behalf of household) (optional)

Section 2 – Household information (to be completed by the household member, proxy, or the recipient agency that is determining eligibility)

Name of household member _____

Address of household _____

Total household members _____

If the household receives other assistance, mark the appropriate choice(s) below. No proof is required.

___ Supplemental Nutrition Assistance Program (SNAP)

___ Temporary Assistance for Needy Families (TANF)

___ Supplemental security Income (SSI)

___ National School Lunch Program (NSLP)

___ Medicaid

What is the total gross income* (the amount before deductions) of all household members? Optional if household receives other assistance

\$ _____ per year _____ per month _____ per week

*Farmers and self-employed persons may report NET income (the amount after business expenses).

Section 3 – Recipient Agency Documentation (to be completed by the recipient agency)

___ Household is eligible based on the following:

___ Low income ___ SNAP ___ SSI ___ Medicaid

___ NSLP ___ TANF ___ Crisis food need

___ Household is ineligible (Explain the reason for ineligibility in the "comments" section below.)

Section 4 - Temporary Crisis Food Need (to be completed by the recipient agency only if the household is determined ineligible on the basis of Section 2 information)

Is the household in need of temporary, crisis food assistance?

___ Yes ___ No *(Explain the reason for eligibility in the "comments" section below.)*

Certification period is up to twelve months. For crisis food need (Section 4), certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

Give length of certification period if household is eligible.

Beginning (month/year) ___/___

Ending (month/year) ___/___

Comments on eligibility/ineligibility

Date _____

Signature of recipient agency official _____

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 USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

The optional information below is for internal use only, and is not required for determining eligibility for USDA food.

Number of household members by age group:

Children (0-17) _____

Adults (18-59) _____

Seniors (60 +) _____



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