



Household Application for USDA Foods

July 2016

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, 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. 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 (18-64) _____

Seniors (65 +) _____

The Emergency Food Assistance Program (TEFAP)

Participant Agreement, Rights, Obligations, and Fair Hearing Request

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge. Program officials may verify information on this form.
2. Program benefits are provided in connection with the receipt of federal assistance. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and federal law.
3. I may appeal any decision made by the contracting entity (food bank) or distribution site regarding my eligibility for this program. I can submit a request for a fair hearing to the distribution site.
4. I understand that I may not receive USDA Foods at more than one distribution site unless granted permission from the food bank that administers TEFAP in my service area.
5. I understand that if I choose to send an alternate person (a proxy) to pick up my food, that person must be listed as an alternate on my Household Application for USDA Foods.
6. I understand that the food provided by this program is intended for the members of the eligible household.
7. I understand that I must not sell or exchange USDA Foods for nonfood items.
8. I consent to the release of information to TEFAP staff, which includes officials of United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
9. Program staff have advised me of my rights and obligations under this program.
10. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex or disability.
11. I understand that I have the right to request a fair hearing of the denial or termination of benefits through an administrative review of the adverse action. A request for a fair hearing can be submitted to the food bank or distribution site.
12. I have read this form, or the form has been read to me.
13. I understand that I must not physically abuse or threaten to physically abuse program staff.

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, 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.

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.

Participant's signature

Program official's signature

Date

Date

El Programa de Asistencia Alimentaria de Emergencia (TEFAP, por sus siglas en inglés)

Acuerdo, derechos, obligaciones y solicitud de audiencia imparcial del participante

1. Certifico que, a mi buen saber y entender, la información que he proporcionado para la determinación de elegibilidad es correcta. Los funcionarios del programa podrán verificar datos en este formulario.
2. Los beneficios del programa se proporcionarán conforme a la recepción de asistencia federal. Entiendo que cualquier declaración falsa deliberada podría exponerme a un proceso civil o penal en virtud de las leyes estatales y federales.
3. Podré apelar cualquier decisión tomada por la entidad contratante (banco de alimentos) o el sitio de distribución en lo que respecta a mi elegibilidad para el programa. Tendré la posibilidad de solicitar una audiencia imparcial al sitio de distribución.
4. Comprendo que no podré recibir alimentos del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) en más de un sitio de distribución a menos que tenga un permiso del banco de alimentos que administra el Programa TEFAP en mi área de servicio.
5. Entiendo que si decido enviar a otra persona (un apoderado) a recoger mis alimentos, dicha persona deberá figurar como representante en mi Solicitud de hogar para recibir alimentos del USDA.
6. Comprendo que los alimentos provistos por el programa están destinados a los miembros de los hogares que cumplen con los requisitos.
7. Entiendo que no debo vender ni intercambiar los alimentos del USDA por artículos no alimenticios.
8. Presto mi consentimiento para que se divulgue información al personal del Programa TEFAP, que incluye funcionarios del Departamento de Agricultura de los Estados Unidos, del Departamento de Agricultura de Texas y del banco de alimentos.
9. El personal del programa me ha hecho saber cuáles son mis derechos y obligaciones en virtud del programa.
10. Comprendo que las normas de participación del programa son las mismas para todos, independientemente de la raza, el color, la nacionalidad, la edad, el sexo o las discapacidades.
11. Entiendo que tengo derecho a solicitar una audiencia imparcial por la negación o suspensión de beneficios mediante una revisión administrativa de la medida adversa. Podré presentar la solicitud de audiencia imparcial ante el banco de alimentos o el sitio de distribución.
12. He leído o me han leído el presente formulario.
13. Comprendo que no debo agredir físicamente ni amenazar con agredir físicamente al personal del programa.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: 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; o

(3) correo electrónico:
program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Firma del participante

Firma del funcionario del programa

Fecha

Fecha

**The Emergency Food Assistance Program
and the Commodity Supplemental Food Program
Beneficiary Referral Request**

Name of Organization: _____

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Participant name: _____

Best way to reach you (phone/address/email): _____

FOR STAFF USE ONLY

1. Date of objection: ____/____/____

2. Referral (check one):

_____ Individual was referred to (name of alternate provider and contact information):

_____ Individual was given TDA-provided referral information (such as a website, hotline, or list of other service providers funded by TDA)

_____ Individual left without a referral

_____ No alternate service provider is available. On the lines below, summarize below the efforts you made to identify an alternate provider (for example: contacted another food pantry, soup kitchen, or distribution site; contacted TDA; contacted the food bank; etc).

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The Emergency Food Assistance Program

Written Notice of Beneficiary Rights

Name of Organization _____

Name of TEFAP Staff Contact North Texas Food Bank

Phone Number 214-330-1396 Email Address parteam@ntfb.org

You have the following rights when you participate in TEFAP.

1. We may not discriminate against you on the basis of religion or religious belief; a refusal to hold a religious belief; or a refusal to attend or participate in a religious practice.
2. We may not require you to attend or participate in any explicitly religious activities that we offer. Your participation in these activities must be purely voluntary.
3. We must separate, in time or location, any privately funded, explicitly religious activities from activities supported with USDA direct assistance.
4. If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.
5. You may report violations of these protections (including denials of services or benefits) to TDA at www.Squaremeals.org.

Contact TDA at: Commodity Operations 877-TEX-MEAL (877-839-6325)

CommodityOperations@TexasAgriculture.gov

*Federal regulations require this written notice before participants receive TEFAP services.
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July 2016