APPLICATION FOR USDA DONATED FOODS - TEFAP

Name: (last name, first, middle int.)					Spouse:								
Street Address:	(last name, first, middle int.) Address:					Phone number:							
	County:												
Sources of income include earnings from work, TEA, Social Security, SS Donations. I understand misrepresentation of need, and the sale, exchang my application may be selected for verification. I will cooperate should n	e or misuse	of commodi	ties is	prohibit	ed a	nd could	resu	lt in a fine.	, imprisonment or				
Person must provide a statement from HH if providing info. I certify all information provided is true and correct. [Signature of Household (HH) or Authorized Rep. (AR)]		Monthly Income		I.D. Viewed		Begin & Ending dates of Cert. Month & Year				Agency Initial			
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B.			Ш										
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<u>C.</u> D. E.					\top								
E.					1								
F.		-			1								
Eligible: Yes/No If not Eligible, reason:	<u> </u>			<u>'</u>			_		<u> </u>				
Name:to pick up my			es. (Date) _		(Ago	ency doc	:.)				
2. I authorizeto pick up my	USDA (commoditio	es. (Date) _		(Age	ency doc	.)				
Person must have statement from HH to pick up food. I received USDA foods for the month listed.	Agency				T	I.D.		USD	DA food e date	Agency			
[Signature of Household (HH) or Authorized Rep. (AR)]		ocument		n	$ \cdot $	/iewed	Ш	Month	/Day/Year	Initial			
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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(3) email: program.intake@usda.gov.

(2) fax: (202) 690-7442; or

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