

TEFAP ELIGIBILITY APPLICATION

TEFAP-3 Revised 11/2019

NAME:	
ADDRESS:	
CITY:	
COUNTY:	
NUMBER OF PERSONS IN HOUSEHOLD:	

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

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

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

1.	2.
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Signature of Applicant

Date

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

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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;

(2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov

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