

Household Application for USDA Foods and Pantry Intake Form

The Emergency Food Assistance Program (TEFAP)

Sites may request, but must not require, proof of information

Section 1—Certification

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;
- All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and 2) correct; and
- 3) If applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.

Signature of household member: _

Date:					
Section 2— Household	Information				
Household Representative	e:				
	First	Middle	Last		Maiden
Number of Household Me	embers:	**Date of Birth**:		**Ge	nder**: M F
Ethnicity: White	African-American	Native-American	Hispanic	Asian	Other
Address:					
Street	City	State	Zip		County
Phone Number: ()					
Number of household me	mbers by age group:				
Children (0-17)	Adults (18-59))	Seniors (60+)		
Name of Proxy:	Ad	ddress of Proxy:			

**Please list all persons living in your household, complete with their name, gender, date of birth, and ethnicity.

(Ethnicity: White = W, African American = AA, Native American = NA, Hispanic = H, Asian = A, Other = O)**

Name	<u>Gender</u>	Date of Birth	<u>Ethnicity</u>	
	M F		W AA NA H A O	
	M F		W AA NA H A O	
	M F		W AA NA H A O	
	M F		W AA NA H A O	
	M F		W AA NA H A O	
	M F		W AA NA H A O	
	MF		W AA NA H A O	
	M F		W AA NA H A O	

Section 3—Categorical Eligibility—If eligible under this section, enter the information and skip to section 6.					
Supplemental Nutrition Assistance Program (SNAP)	Temporary Assistance for Needy Families (TANF)				
Supplemental Security Income (SSI) National School L	unch Program (NSLP) Medicaid				
Section 4—Income Eligibility—If eligible under this section, enter the information and skip to section 6.					
Total Gross Income: \$ per y	ear per month per week				
Section 5—Household Crisis Eligibility (to be completed by staff)					
If household is eligible for crisis food need, document reason for crisis here.					
Certification is up to six months. Contact TDA for approval of crisis food need for seven to twelve months.					
Length of certification: Beginning (month/year):					
Ending (month/year):					
Section 6—Eligibility or Ineligibility (to be completed by staff)					
Household is eligible. Length of certification: Beginning (month/y	/ear): Ending (month/year):				
Household is ineligible based on Sections 3 and 4. Complete Section 5 if necessary.					
Section 7—Signature and date of CE or site staff					
Signature:	Date:				
Signature:**Release of Informat					
	cion** East Texas Food Bank that captures demographic information assistance with food, utility bills, medications, rent/mortgage pay-				
Release of Informat Oasis Insight is a computerized record keeping and database system employed by the about people experiencing need for emergency services, including but not limited to	cion e East Texas Food Bank that captures demographic information assistance with food, utility bills, medications, rent/mortgage pay- of the Oasis Insight Assistance Network. and correct and authorize and release my information for use on the be is personal and private and that I do not have to participate in eview the basic identifying information about the system. This Re-				
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