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;

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 proxy is, to the best of my knowledge and belief, true and correct.

Signature of household member: _____________________________________________________________

Date: ______________________________

Section 2—Household Information

Household Representative: ________________________________________________________________

First Middle Last Maiden

Number of Household Members: ____________ **Date of Birth**: ____________________ **Gender**: M F

**Ethnicity**: White African-American Native-American Hispanic Asian Other

Address: _______________________________________________________________________________

Street City State Zip County

Phone Number: ( ) ______________________________

Number of household members by age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
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<tbody>
<tr>
<td>Children (0-17)</td>
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<tr>
<td>Adults (18-59)</td>
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<tr>
<td>Seniors (60+)</td>
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Name of Proxy: ____________________ Address of Proxy: ______________________

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


<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Ethnicity</th>
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**Release of Information**

Oasis Insight is a computerized record keeping and database system employed by the East Texas Food Bank that captures demographic information about people experiencing need for emergency services, including but not limited to assistance with food, utility bills, medications, rent/mortgage payments, etc. The ETFB administers Oasis Insight on behalf of its participating agencies of the Oasis Insight Assistance Network.

By my signature below, I certify that all the information listed on this form are true and correct and authorize and release my information for use on the Oasis Insight Assistance Network. I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I have had an opportunity to ask questions about Oasis Insight and to review the basic identifying information about the system. This Release of Information will remain in effect for 1 year from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in Oasis Insight.

**Not a requirement for USDA Food Eligibility**

**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 Lunch Program (NSLP)
- [ ] Medicaid

**Section 4—Income Eligibility**—If eligible under this section, enter the information and skip to section 6.

Total Gross Income: $________________________  ________ per year  ________ 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/year):     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: ____________

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**Household Representative Signature:** _____________________________________  Date: ____________

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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:

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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