



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— 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: () _____ Proxy Name: _____

Section 2—Categorical Eligibility—If eligible under this section, enter the information and skip to section 5.

_____ Supplemental Nutrition Assistance Program (SNAP) _____ Temporary Assistance for Needy Families (TANF)

_____ Supplemental Security Income (SSI) _____ National School Lunch Program (NSLP) _____ Medicaid

Section 3—Income Eligibility—If eligible under this section, enter the information and skip to section 5.

Total Gross Income: \$ _____ per year _____ per month _____ per week

Section 4—Household Crisis Eligibility (to be completed by staff)

If household is eligible for crisis food need, document reason for crisis here.

Certification for household crisis 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 5—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 2 and 3. Complete Section 4 if necessary.

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.

Household Representative Signature: _____

Date: _____

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USD A-OASCR%20P-Complaint-Form-0508-0002-508-11- 28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USD_A-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider

The client certifies that: (1) I am a member of the household living at the address provided in Section 1 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.

Section 6—Signature and date of CE or site staff to verify household eligibility

Signature: _____

Date: _____

****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)**

THIS INFORMATION IS NOT REQUIRED

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

**** Not a requirement for USDA Food Eligibility****