

Name: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Address: \_\_\_\_\_

Proof of address provided

City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total individuals in household:

Infants (< 2) \_\_\_\_\_ Toddlers (2-5) \_\_\_\_\_ Children (6-17) \_\_\_\_\_ Adults (18-59) \_\_\_\_\_ Seniors (60+) \_\_\_\_\_

**Please list and provide identification for each person in your household**  
 (\*use additional sheets if necessary)

| First Name | Last Name |
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**Statement of Service**

You will not be turned away on your first visit because of a lack of identification, lack of referral or inability to prove address. You will not be asked to provide your Social Security number to receive food. If you are currently homeless or in a transitional/temporary housing situation, please let the staff/volunteer assisting you know that you may not be able to provide a current address. To assist all of those in need, this agency may limit the services they provide to a defined area and number of times per month you may return.

**Eligibility**

**Option 1:** You are categorically eligible to receive USDA Foods through TEFAP if your household participates in any of the following programs:

SNAP  WIC  TANF  Unemployment  Disability  SSI

**Option 2:** If your gross annual income is at or below the amount listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP.

| Household Size | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8         |
|----------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Annual Income  | \$30,578 | \$41,198 | \$51,818 | \$62,438 | \$73,058 | \$83,678 | \$94,298 | \$104,918 |

\*For each additional family member add \$10,620

By checking here, you attest that the following is true:

1. The recipient's name, address and household size provided above is correct.
2. The recipient resides within New York State (there is no minimum length of residency required).
3. The recipient meets Option 1 and/or Option 2 of TEFAP eligibility guidelines above.
4. This food is for the recipient's home consumption only, and will not be sold, traded or bartered.
5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement above.

**Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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:

- (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.

| Date | Client Signature (optional) |
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| Date of Visit | Staff Initials |
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**If you are authorizing someone else to pick-up on your behalf, please print name below or attach proper documentation.**

Additional Notes & Comments: