

# Heartland Hope Mission

Date: \_\_\_\_\_

First Name	Last Name	Date of Birth	Gender	Race	Nationality	Other
1. Head of Household		____/____/____ SS#	M / F	Asian _____ Black _____ Hispanic _____ White _____ Native American _____ Other: _____	American _____ Mexican _____ Other: _____	Disabled _____ Veteran _____
2.		____/____/____ SS#	M / F	Asian _____ Black _____ Hispanic _____ White _____ Native American _____ Other: _____	American _____ Mexican _____ Other: _____	Disabled _____ Veteran _____
3.		____/____/____ SS#	M / F	Asian _____ Black _____ Hispanic _____ White _____ Native American _____ Other: _____	American _____ Mexican _____ Other: _____	Disabled _____ Veteran _____
4.		____/____/____ SS#	M / F	Asian _____ Black _____ Hispanic _____ White _____ Native American _____ Other: _____	American _____ Mexican _____ Other: _____	Disabled _____ Veteran _____
5.		____/____/____ SS#	M / F	Asian _____ Black _____ Hispanic _____ White _____ Native American _____ Other: _____	American _____ Mexican _____ Other: _____	Disabled _____ Veteran _____

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Need: low-income unemployed temporary crisis homeless disabled Phone number: \_\_\_\_\_

Is this your first time at Heartland Hope Mission? Yes No Do you currently receive SNAP (food stamps): Yes No

Circle the items you would like to receive today: Food Clothing Diapers Size(s) \_\_\_\_\_ Information on other resources

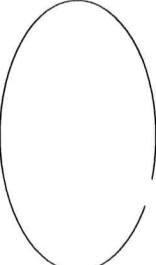
Job opportunities Job search assistance Assistance applying for SNAP (food stamps) Monthly Income: \_\_\_\_\_

This ministry is based on Matthew 25:35-36 "For I was hungry and you gave me food; I was thirsty and you gave me drink; I was a stranger and you took me in; I was naked and you clothed me" NOTE: Your signature on this form also constitutes permission to use your photo, image, or video in promotional material and share your information with other pantries/agencies Management Information System NAMS. under the Nebraska Management Information System NAMS.

**DO NOT WRITE IN THIS BOX: FOR STAFF ONLY**

Non USDA \_\_\_\_\_ Data status: \_\_\_\_\_

Emergency \_\_\_\_\_ Service Point # \_\_\_\_\_



Signature: \_\_\_\_\_

Department of Health and Human Services  
 Division of Children and Family Services  
**The Emergency Food Assistance Program**  
 (TEFAP) Eligibility to Take Food Home

I, the undersigned, agree to indemnify and hold harmless this Agent and the State of Nebraska, their Departments, officers, agencies, and employees, from any and all claims, demands, damages costs, expenses, actions, and causes of action out of any act or occurrence pertaining to the issuance and acceptance of the USDA donated food items.

I further certify that my household's current gross income is equal to or below the Current Monthly Income amounts, or that I am participating in one of the following: SNAP, ADC, State Supplemental (AABD), Energy, Medical only, State Disability, or Refugee Program.

Size of Household	Current Monthly Income	Size of Household	Current Monthly Income	For each additional household member	Add \$663
1	\$ 1,874	4	\$ 3,863		
2	\$ 2,537	5	\$ 4,526		
3	\$ 3,200	6	\$ 5,189		

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a 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.

**This institution is an equal opportunity provider**

Signature	Address	No. in Household	Month	Year