

DATE: ___/___/___

REQUIREMENTS:

Please fill out each section of the form completely for all individuals in household. Complete both sides of this with print and legible handwriting & sign back twice. If you have the same address but live in a different home, proof of address will be required. Head of household must be an adult.

1.FIRST NAME (<i>HEAD OF HOUSEHOLD</i>)		LAST NAME		DATE OF BIRTH ___/___/_____	LAST 4 OF SS# -- -- -- --
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	MONTHLY INCOME \$
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____					TEL # ___ - ___ - ___
ADDRESS		APT#	CITY	STATE	ZIPCODE

2.FIRST NAME		LAST NAME		DATE OF BIRTH ___/___/_____	LAST 4 OF SS# -- -- -- --
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE_____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____					

3.FIRST NAME		LAST NAME		DATE OF BIRTH ___/___/_____	LAST 4 OF SS# -- -- -- --
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE_____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____					

4.FIRST NAME		LAST NAME		DATE OF BIRTH ___/___/_____	LAST 4 OF SS# -- -- -- --
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE_____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____					

5.FIRST NAME		LAST NAME		DATE OF BIRTH ___/___/_____	LAST 4 OF SS# -- -- -- --
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE_____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____					

6.FIRST NAME	LAST NAME	DATE OF BIRTH ___/___/_____	LAST 4 OF SS# - - - -
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE _____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____			

7.FIRST NAME	LAST NAME	DATE OF BIRTH ___/___/_____	LAST 4 OF SS# - - - -
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE _____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____			

8.FIRST NAME	LAST NAME	DATE OF BIRTH ___/___/_____	LAST 4 OF SS# - - - -
NATIONALITY <input type="checkbox"/> American <input type="checkbox"/> Mexican <input type="checkbox"/> Other_____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	OTHER <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	AGE _____ LH N/L DIAPER SIZE _____
RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other_____			



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

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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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.

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 \$746
1	\$ 2,126	4	\$ 4,366	
2	\$ 2,873	5	\$ 5,113	
3	\$ 3,620	6	\$ 5,860	

200% rate is during pandemic only

This institution is an equal opportunity provider

X	Signature	Address	No. in Household	Month	Year

WERE YOU AFFECTED BY COVID 19?

Yes ___ No ___ If Yes, How?

___ Job Loss ___ Hours at Work Cut

___ Additional Expenses Due To Kids Being Home

Other _____

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. By signing this application, I certify that my answers are correct and complete to the best of my knowledge.

X **Signature** _____

DO NOT WRITE IN THIS BOX: FOR STAFF ONLY	Resources	General	Jobs	Utilities	Pantries	Rent	Clothing	Other_____
Non USDA _____	Data Status _____	Emergency _____	FBM ID# _____	Household Size _____				