

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: _____

Were you affected financially by COVID-19? Yes ___ No ___ If yes, how? _____ Phone number: _____

Job loss _____ Hours at work cut _____ Additional expenses due to kids being at home _____ Other _____

Do you have children under the age of 3? Yes ___ No ___ Diapers Size(s) _____ Monthly income _____

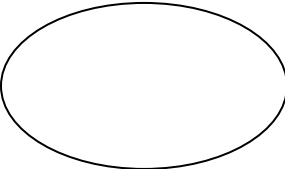
This ministry is based on Matthew 25:35-36 "For I was hungry and you gave me food; I was thirsty and you gave me drink; I was a stranger and you took me in; I was naked and you clothed me" NOTE: Your signature on this form also constitutes permission to use your photo, image, or video in promotional material. By signing this application, I certify that my answers are correct and complete to the best of my knowledge.

Signature: _____

DO NOT WRITE IN THIS BOX: FOR STAFF ONLY

Non USDA _____ Data status: _____

Emergency _____ Service Point # _____





Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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 \$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

Signature	Address	No. in Household	Month	Year

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.