



Emergency Food Box Application

Aplicación de caja de alimentos de emergencia

Please read the instructions before completing the application on page 6.
Mail to: C/O Hope for the Cities 1310 W. Brown St, Wylie, TX 75098 or
email: food@hopeforthecities.com.

Por favor, lea las instrucciones antes de completar la solicitud en la página 6. Envíe un correo a: C/O Hope for the Cities 1310 W. Brown St, Wylie, TX 75098 o envíe un correo electrónico: food@hopeforthecities.com.

The Emergency Food Assistance Program (TEFAP)

Participant Rights and Responsibilities

1. I will not be denied USDA Foods if I am determined eligible.
2. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
3. I agree to report changes in household circumstances, including, but not limited to, income and household size.
4. I understand that if I choose a proxy to pick up my food, that person must be listed as a proxy either 1) on my Household Application for USDA Foods or 2) in a written note on file with TEFAP staff.
5. I understand that the food provided by this program is intended for the members of the eligible household.
6. I understand that I must not sell or exchange the USDA Foods that my household receives.
7. I consent to the release of information to TEFAP staff, which includes officials of the United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
8. Program staff have advised me of my rights and responsibilities under this program.
9. I understand that I may request a copy of the *Written Notice of Beneficiary Rights*.
10. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex, or disability.
11. I have read this form, or the form has been read to me.
12. The site maintains the right to ensure orderly distribution.

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/ad-3027.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.

El Programa de Asistencia Alimentaria de Emergencia (TEFAP)
Derechos y Responsabilidades de los Participantes

1. Si soy determinado elegible, no podran negarme alimentos del Departamento de Agricultura de los Estados Unidos (USDA).
2. Certifico que la información que he proporcionado para la determinación de elegibilidad es correcta a mi leal saber y entender.
3. Estoy de acuerdo en informar los cambios en las circunstancias del hogar, incluyendo, pero no limitado a, el ingreso y el tamaño del hogar.
4. Yo entiendo que si elijo un apoderado para recoger mi comida, esa persona debe aparecer como apoderado 1) en mi solicitud familiar para los alimentos de USDA o 2) en una nota escrita archivada con el personal de TEFAP.
5. Yo entiendo que los alimentos provistos por este programa están destinados a los miembros del hogar elegible.
6. Yo entiendo que no debo vender o intercambiar los alimentos del USDA que recibe mi hogar.
7. Yo doy mi consentimiento para la divulgación de información al personal del Programa TEFAP, que incluye funcionarios del Departamento de Agricultura de los Estados Unidos, del Departamento de Agricultura de Texas y el banco de alimentos.
8. El personal del programa me ha informado de mis derechos y responsabilidades bajo este programa.
9. Yo entiendo que puedo solicitar una copia de la *Notificación Escrita de los Derechos del Beneficiario*.
10. Yo entiendo que los estándares para participar en este programa son los mismos para todos independientemente de su raza, color, origen nacional, edad, sexo o discapacidad.
11. Yo he leído esta forma, o me han leído esta forma.
12. El sitio mantiene el derecho de garantizar una distribución ordenada.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo: U.S. Department of Agriculture
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program.intake@usda.gov.

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Items that must be included on form to qualify to receive TEFAP product:

Section 1: Household Information

1. **Name of household member** — enter the name of the household member applying on behalf of the household
2. **Phone number** – enter phone number of household member ****Not required****
3. **Number of household members** — Enter the number of household members for whom USDA Foods are requested.
4. **Number of households by age group** – enter the number of all members based on age group ****Not Required****
5. **Residential address** — Enter the household's residential address if available
6. **Name of proxy** (person given the authority to act on behalf of household) (optional) – Enter this information if it is applicable

Section 2: Categorical Eligibility

If the household receives other assistance — if a household member(s) currently receives one or more of the specific types of assistance listed, mark the appropriate assistance type(s). If a household receives one or more of the assistance, they automatically are eligible to receive assistance. If the household does not receive any of the assistance types listed, leave the assistance types blank and then must qualify either by income or household crisis need.

The specific assistance types are

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI),
- National School Lunch Program (NSLP) (free or reduced-price meals), and
- Medicaid.

Section 3: Income Eligibility

Total gross income — Optional if the household receives other assistance as noted in section 2. Enter the total gross income of all household members, as stated by the household, and mark whether the income is received yearly, monthly, or weekly. It is not required to show proof of income.

Notes

- *Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.*
- *Request but **do not require** an income statement from households that qualify because of other assistance (SNAP, TANF, SSI, NSLP (free or reduced-price meals), or Medicaid). **Be sure the applicant understands that this information is not required.***

Section 4: Household Crisis Eligibility ****Do not complete if is not eligible for Crisis, skip to section 6 & 7 if meets eligibility****

Is the household in need of temporary, crisis food assistance? — Document reason for need of crisis or households that qualify based on unexpected and unavoidable expenses of a household crisis. Below are

Characteristics of a Household Crisis	Examples of Unexpected Costs of a Household Crisis <i>(The CE or distribution site may define and document other circumstances.)</i>
1. Unexpected 2. Temporary 3. Beyond the household's control	1. Necessary medical treatment of a household member 2. Burial expenses of a household member 3. Uncontrolled loss of employment 4. The repair or replacement, because of a household disaster ¹ , of the household's home, home contents, or vehicle

Section 5: Certification

7. **Signature of household member** – obtain the signature of a household member who is eligible to apply on behalf of the household
8. **Date** – enter the date of application

Section 6 & 7: Eligibility or Ineligibility – must be completed by agency who determines eligibility, below are the 2 options on your agency determination and check your selection.

1. **Household is eligible**— For households that are eligible for TEFAP Program
2. **Certification period** — Enter the month and year that the certification period will begin and end. The certification period is up to 12 months. This is an indicator that will be used by your site to request household to reapply after certification period ends.
3. **Household is ineligible** - based on section 2 and 3, but qualify based on crisis (section 4)
4. **Length of certification** - for **crisis** food need is six months. If at the end of the 6-month period, household will need to reapply to ensure that crisis still exist and will begin a new certification period.

Examples

- *A household may be certified up to one year, such as "Begins 3/2022, Ends 2/2023."*
- *A household with a crisis food need may be certified up to six months, such as "Begins 4/2022, Ends 9/2022."*

Section 7: Signature and date of CE or site staff

9. **Date and signature** —The agency representative must sign and date the form.

Items not to be included on application:

1. Social Security number or ID number: these are not required documentation in order to qualify for eligibility.

If your agency offers more services and require to obtain more information from client, then the agency may use a separate form but cannot be denied for food services if do not provide.



Household Application for USDA Foods / Solicitud doméstica de los alimentos del USDA

The Emergency Food Assistance Program (TEFAP) / El Programa de Asistencia Alimenticia de Emergencia (TEFAP)
 Sites may request but must not require proof of information. / Los sitios pueden solicitar pero no deben requerir prueba de información.

Section 1 — Household Information

Sección 1 — Información de hogar

Name of household member/Nombre del miembro de la unidad familiar		**Phone number/Numero de telefono**	
Number of household members/ Número de miembros del hogar	**Number of household members by age group/Numero de miembros del hogar por grupo de edad**		
	Children/ninas (0-17)	Adults/adulta (18-59)	Seniors/mayor (60+)
Address (if available)/Dirección (si disponible)			
Name of proxy/Nombre de apoderado			

Section 2 — Categorical Eligibility

Sección 2 — Elegibilidad Categórica

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Programa de ayuda suplemental de la nutrición
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)/Asistencia temporal para familias necesitadas
<input type="checkbox"/> Supplemental Security Income (SSI)/Seguridad de ingreso suplementario
<input type="checkbox"/> National School Lunch Program (NSLP) (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido)
<input type="checkbox"/> Medicaid/Medicaid

Section 3 — Income Eligibility

Sección 3 — Elegibilidad de Ingresos

Total gross income \$ _____	Ingreso bruto total \$ _____
_____ per year _____ per month _____ per week	_____ por año _____ por mes _____ por semana

Section 4 — Household Crisis Eligibility

Sección 4 — Elegibilidad de Crisis del Hogar

If household is eligible for household crisis food needs, document reason for crisis here./Si el hogar es elegible para las necesidades alimentarias del hogar en caso de crisis, documenta el motivo de la crisis aquí.

Section 5 — Certification

Sección 5 — Certificación

<p>I certify that:</p> <p>(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;</p> <p>(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</p> <p>(3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.</p>	<p>Certifico que:</p> <p>(1) soy miembro del hogar que vive en la dirección que se da en la Sección 1, y que solicito en nombre de la unidad familiar los doméstica de alimentos USDA que se distribuidos por el Programa de Asistencia Alimentaria de Emergencia;</p> <p>(2) toda la información que le he dado al departamento que determinará si mi unidad familiar llena los requisitos del programa, es, a mi leal saber y entender, verdadera y correcta; y</p> <p>(3) Si corresponde, la información proporcionada por el apoderado del hogar es, a lo mejor de mi conocimiento y creencia, verdadero y correcto.</p>
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USDA Nondiscrimination Statement

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Declaración de No Discriminación del USDA

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Sections 6 & 7 must be completed by the CE or the site staff:

Section 6 — Eligibility or Ineligibility

Sección 6 — Elegibilidad o Inelegibilidad

<p>___ Household is eligible. Length of certification:</p> <p>Beginning (month/year): _____</p> <p>Ending (month/year): _____</p>	<p>___ El Hogar es elegible. Duración de la certificación:</p> <p>Inicio (mes/año): _____</p> <p>Final (mes/año): _____</p>
<p>___ Household is ineligible based on Sections 2 and 3, but qualifies for TEFAP based on Household Crisis Eligibility (Section 4).</p> <p>Length of certification: Beginning (month/year): _____</p> <p>Ending (month/year): _____</p>	<p>___ El hogar no es elegible basado en las secciones 2 y 3, pero califica para TEFAP basado en la elegibilidad de crisis del hogar (Sección 4).</p> <p>Duración de la certificación: Inicio (mes/año): _____</p> <p>Final (mes/año): _____</p>

Section 7 — Signature and date of CE or site staff

Sección 7— Firma y fecha del CE o del sitio personal

Signature/Firma _____	Date/Fecha _____
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Not a requirement for USDA Food Eligibility/No es un requisito para la elegibilidad de alimentos USDA.