

St. Francis House Food Pantry

Applications

STAFF ONLY: Transportation Method:

Completing this application gains you access to the Saint Francis House food pantry's donated food program, which is available to all clients who wish to access this service regardless of income, age, or level of need. To qualify or recertify for the TEFAP federal food assistance program, please complete the back side of the form. TEFAP services have an income threshold. Please note that none of our programs require any religious affiliation.

Name (First,Last) Write Head of Household First	Relationship to Head of Household	Birthday (MM/DD/YY)	Gender (F/M)	Veteran? (Yes/No)	Ethnicity
*Ethnicity: AN: American Indian, Alaska Native or Indigenous, A: Asian/Asian American B: Black/African American, H: Hispanic/Latino, M: Middle Eastern/North African, P: Pacific Islander/Native Hawaiian, W: White, O: Other					
1.	Self				
2.					
3.					
4.					
5.					
6.					
7.					

Disability for the Household? Yes <input type="checkbox"/> No <input type="checkbox"/>		Translation Assistance Needed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical Address:		City, State, Zip:	
Where Do You Call Home?		Phone Number:	
Dietary Considerations: Do you have any health or cultural considerations that affect your diet?		No <input type="checkbox"/>	Yes/List: _____
Income: Give your best estimate of your household's total income. Please circle the types of income listed below that any and all persons in your household have. Employment <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/>		Total Household Amount: \$ _____ Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	
SNAP Benefits: Does your household use SNAP/food stamps/Quest card?		Yes <input type="checkbox"/>	No <input type="checkbox"/> Pending <input type="checkbox"/>
Permanent Fund Dividend: How many people in your household received this year's PFD?		# of PFD: _____	

I certify the information indicated on this application is true and correct to the best of my knowledge.
I understand this information will be used in a confidential manner. Data obtained from this form will be aggregated and may be used for future planning and funding efforts.
We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about an individual with law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property.
I acknowledge the receipt of "Notice of Privacy Practices", "Rights and Responsibilities", and understand how to file a complaint.

Head of Household Signature: _____ **Date:** _____

TEFAP Application and Registration

Effective October 1, 2025, through September 30, 2026

Household Information

HOUSEHOLD MEMBERS; Please CIRCLE the total number of household and HEAD OF HOUSEHOLD information only

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAME OF HEAD OF HOUSEHOLD															
HOUSEHOLD LOCATION ZIP CODE *															
PHONE NUMBER *															
PROXY NAME (IF NEEDED)															

*Phone Number and Zip Code are not required to receive TEFAP commodities

PROGRAMS BENEFITS: if you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

SNAP (FOOD STAMPS)		Tribal TANF/ATAP		SSI or MEDICAID		CSFP or FDPIR		NSLP LUNCH FREE/REDUCED	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INCOME INFORMATION

Permanent Fund Dividend: did anyone in your household receive the current year's PFD? If YES, include the PFD amount received in your Annual Household Income at the time of applying.

The table below shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP donated food. Proof of income is not required to apply for TEFAP.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$58,650	\$79,290	\$99,930	\$120,570	\$141,210	\$161,850	\$182,490	\$203,130

*For each additional household member, add \$20,640

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

Signature _____

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, 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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov

Intake Worker Signature (required) _____

Date: _____

Approved _____	Not Approved _____
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