

St. Francis House Food Pantry Application

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 (last, first) List head of household first	Birthday (MM/DD/YY)	Gender M/F	Relation to Head of Household	Ethnicity *see below	Disabled (Y/N)	Veteran (Y/N)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
*Ethnicity	(W) White/Anglo, (B) Black/African American, (H) Hispanic / Latino, (AN) Alaska Native / American Indian, (A) Asian, (M) Middle-Eastern, (P) Pacific Islander, (O) Other:					

Housing Type:

Own Home	Rental	Trailer	Shelter	With Family/Friends	Unhoused	Other:
----------	--------	---------	---------	---------------------	----------	--------

Primary Language:

English	Spanish	Tagalog	Samoan	Korean	Ukrainian	Other:
---------	---------	---------	--------	--------	-----------	--------

Dietary Considerations: do you have any health or cultural considerations that affect your diet?	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. Circle income type(s): Employment SSI/SSDI TANF Retirement Unemployment	Total Household Income: \$ _____ Monthly / Yearly
SNAP Benefits: Does your household use SNAP/food stamps/Quest card?	Yes / No / Pending
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, 2022, through September 30, 2023

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															
PHYSICAL ADDRESS															
CITY, STATE & ZIP															
PHONE NUMBER															
PROXY NAME (IF NEEDED)															

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.

<i>SNAP (FOOD STAMPS)</i>		<i>Tribal TANF/ATAP</i>		<i>SSI or MEDICAID</i>		<i>CSFP or FDPIR</i>		<i>NSLP LUNCH FREE/REDUCED</i>	
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	\$50,970	\$68,670	\$86,370	\$104,070	\$121,770	\$139,470	\$157,170	\$174,870

*For each additional household member, add \$17,700

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 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

For intake workers use only: Please print

Intake Worker Signature (required) _____ **Date:** _____

Eligible Ineligible-Reason