

**The Emergency Food Assistance Program (TEFAP)
Proxy Statement Form- Effective July 1, 2023**

PANTRY: _____ **COUNTY:** _____

ADDRESS: _____

Recipient provides the information below, confirms review of current income guidelines, and attests to household income or categorical eligibility.

Categorical eligibility:		
Women, Infants, and Children (WIC)	Supplemental Nutrition Assistance Program (SNAP)	National School Lunch Program (NSLP)
_____	_____	_____

OPTIONAL AND NOT REQUIRED TO RECEIVE FOOD

Age ranges: _____ # 0-5	_____ #6-17	_____ #18-54	_____ #55-59	_____ #60-64	_____ #65+	_____ # Veteran
Race: _____ White	_____ Black	_____ Asian	_____ American Indiana/Alaskan Native	_____ Native Hawaiian / Pacific Islander		
Ethnicity: _____ Hispanic or Latino	_____ Not Hispanic or Latino					
Employed? _____ Yes	_____ No					

RECIPIENT INFORMATION

NAME	HOUSEHOLD SIZE	
ADDRESS	CITY	ZIP

PROXY INFORMATION

NAME		
ADDRESS	CITY	ZIP

Proxy designation is Temporary Permanent	Site personnel completing form _____
	Date _____

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, audiotope, 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: (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.

Please allow _____ to pick up food for me today

(Proxy Name)

I have _____ people in my household (living under one roof) including _____ children

Recipient

Signature, _____ Printed Name: _____

Address of Recipient: _____

City: _____ State: _____ Zip _____

Recipient Phone #: _____