

**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 _____ Supplemental Nutrition Assistance Program (SNAP) _____ National School Lunch Program (NSLP) _____
(WIC) _____

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 Indian/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, 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: (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.

Date: _____

Please allow _____ to pick up food for me today.

I have ____ people in my household (living under one roof).

Signed, _____ Phone: _____

.....

Date: _____

Please allow _____ to pick up food for me today.

I have ____ people in my household (living under one roof).

Signed, _____ Phone: _____

.....

Date: _____

Please allow _____ to pick up food for me today.

I have ____ people in my household (living under one roof).

Signed, _____ Phone: _____

.....

Date: _____

Please allow _____ to pick up food for me today.

I have ____ people in my household (living under one roof).

Signed, _____ Phone: _____