

APPLICATION FOR USDA DONATED FOODS

Name: _____ Spouse: _____
(last name, first, middle int.) (first name)

Street Address: _____ Phone number: _____

City: _____ County: _____

Disclosure of my social security number is voluntary and is for identification purposes only. SSN: _____

I understand that disclosure of the following information is voluntary and is not a requirement to receive USDA foods. The information will be used only for Results Oriented Management Accountability (ROMA) requirements of the Community Services Block Program (CSBG): Housing: Own _____ Rent _____ Other _____ Source of Income _____

Family Type: Single _____ Married _____ Two parent _____

Two Adult/no children _____

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. I am not receiving USDA foods from another source.

Person must provide a statement from HH if providing info. I certify all information provided is true and correct. [Signature of Household (HH) or Authorized Rep. (AR)]	Household Size	Monthly Income	I.D. Viewed	Begin & Ending dates of Cert. Month & Year	Today's Date Mo./day/Yr.	Agency Initial
A.						
B.						
C.						
D.						
E.						
F.						

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250

Name: _____

1. I authorize _____ to pick up my USDA commodities. (Date) _____ (Agency doc.) _____

2. I authorize _____ to pick up my USDA commodities. (Date) _____ (Agency doc.) _____

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. I am not receiving USDA foods from another source.

Person must have statement from HH to pick up food. I received USDA foods for the month listed. [Signature of Household (HH) or Authorized Rep. (AR)]	Agency Documentation	I.D. Viewed	USDA food issuance date Month/Day/Year	Agency Initial
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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