

APPLICATION FOR USDA DONATED FOODS

Name: _____ Spouse: _____

Street Address: _____ Phone #: _____

City: _____ County: _____

I understand that disclosure of the following information is voluntary and is not a requirement to receive USDA foods. Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensations, 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 Certificate Month/Year	Today's Date (mo/day/yr)	Agency Initial
A.						
B.						
C.						
D.						
E.						
F.						

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

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

Person must have a 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	ID Viewed	USDA food issuance date mo/day/yr	Agency Initial
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				