

You self-declare that:

1. Your name, county of residence, and zip code listed is correct.
2. Your household size as stated and resides within this state and organization's service area.
3. Your income is within 235% of the Federal Poverty Guidelines as posted for this distribution.
4. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.
5. You have been shown and have read the full USDA Nondiscrimination Statement.

You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP. You are *never* required to provide personal identification documents including, but not exclusive to, an identification card, social security number, or proof of income.

Print Name (Clients)	County of Residence and Zip Code	Family Size	Is this your 1st time receiving USDA food this month?	
1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total the responses from the last three columns into the last row. i.e. total family size, how many "Yes", how many "No"				

Food Bank Name: _____