

**Temporary Emergency Food Assistance Program (TEFAP)  
 FY 2019 USDA Application and Registration  
 Fairbanks Community Food Bank  
 725 26th Avenue  
 Fairbanks, Alaska 99701  
 Phone: 907-374-0555 Fax: 907-451-7751  
 Effective October 2018 – September 2019**

Profile # \_\_\_\_\_  
 Initials \_\_\_\_\_

**Must be dated after October 1, 2018      Date: \_\_\_\_\_ FY 2019**

Please PRINT names of all household members, Authorized pick up applicant first!

1) Last	First	MI	DOB
_____	_____	_____	_____
2) Last	First	MI	DOB
_____	_____	_____	_____
3) Last	First	MI	DOB
_____	_____	_____	_____
4) Last	First	MI	DOB
_____	_____	_____	_____
5) Last	First	MI	DOB
_____	_____	_____	_____
6) Last	First	MI	DOB
_____	_____	_____	_____
7) Last	First	MI	DOB
_____	_____	_____	_____
8) Last	First	MI	DOB
_____	_____	_____	_____

Mailing Address: (PO Box/Street) \_\_\_\_\_ (City) \_\_\_\_\_, AK Zip Code \_\_\_\_\_

Residence (if different): \_\_\_\_\_ (City) \_\_\_\_\_, AK Zip Code \_\_\_\_\_

Number in Household      Adults:      Children:      Phone: \_\_\_\_\_

Authorized Alternate Person/Agency also allowed to pick up TEFAP box \_\_\_\_\_

**INCOME INFORMATION**

**PROGRAMS BENEFITS:** Do you receive benefits from any of the following programs, yes or no:

SNAP (FOOD STAMPS)	Yes	No	TANF	Yes	No	SSI	Yes	No	CSFP or FDPIR	Yes	No
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**If yes please proceed directly to the applicant signature line.**

**INCOME:** Permanent Fund Dividend; did anyone in your household receive the current year's PFD?  
 If YES, include the PFD amount received in your Annual Household Income (see chart below)

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$28,083	\$38,073	\$48,063	\$58,053	\$68,043	\$78,033	\$88,023	\$98,013

\*For each additional household member, add \$9,990

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

**Applicant Signature:** \_\_\_\_\_

**DO NOT MAIL THIS APPLICATION, IT MUST BE TAKEN TO TEFAP AGENCY FOR VERIFICATION**

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**USDA NON-DISCRIMINATION STATEMENT**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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**For intake workers use only: Please print!**

**Intake Worker (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Eligible

Ineligible-Reason