

**Temporary Emergency Food Assistance Program (TEFAP)
 FY 2020 USDA Application and Registration
 Fairbanks Community Food Bank
 725 26th Avenue
 Fairbanks, Alaska 99701
 Phone: 907-374-0555 Fax: 907-451-7751
 Effective October 2020 – September 2021**

Profile # _____
 Initials _____

Must be dated after October 1, 2020 Date: _____ FY 2021

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/Tribal Yes No	SSI or Medicaid Yes No	CSFP or FDPIR Yes No	NSLP Lunch Free/Reduced 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	\$47,850	\$64,650	\$81,450	\$98,250	\$115,050	\$131,850	\$148,650	\$165,450

*For each additional household member, add \$16,800

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: _____ **COVID-19 Signature Waiver** _____

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

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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. USDA is an equal opportunity provider, employer, and lender.

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For intake workers use only: Please print!

Intake Worker Signature (required): _____ **Date:** _____

Intake Worker Print Name _____ **Agency** _____

Eligible Ineligible-Reason