

South Carolina Department of Agriculture

THE EMERGENCY SUPPLEMENTAL FOOD PROGRAM (TEFAP) APPLICATION

Contracted Food bank: Lowcountry Food Bank

Distributing Agency if different from Contracting Food Bank: _____

County Name: _____ Application Date: _____

Applicant Information (Please Print Clearly)

Applicant Name:		Age:	Sex:	Date of Birth:
Residential Address:		City:	State:	Zip Code:
Home Phone:				
Mailing Address:		City:	State:	Zip Code:
		Cell Phone:		

Household Income

Does the applicant already receive: Food Stamps TANF SSI
Did you provide a copy of the current adjusted household income guidelines at 150 percent Federal Poverty Income Guideline to applicant? Yes No

Gross Household Income: \$ _____ Source(s) of Income: _____
 Monthly Twice-monthly Every 2 Weeks Weekly

Total Household Members _____

I authorize the following persons to pick up food for me from the Food Distribution Center.

1. _____ 2. _____

Eligibility Verification _____ **Approved** _____ **Not Approved**

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- (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

This institution is an equal opportunity provider.

Signature of Applicant: _____ Date: _____

The applicant must sign below each time after the initial request for emergency food assistance is made. Eligibility information provided initially should be reviewed each time to determine continued eligibility to the applicant.

My signature below certifies my continued eligibility for USDA Commodity Program assistance based on qualifying program participation or gross household income at or below the limit for my household size.

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