



South Carolina
DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

THE EMERGENCY SUPPLEMENTAL FOOD PROGRAM (TEFAP) APPLICATION

Contracted Food Bank _____

Distributing Agency if different from Contracting Food Bank _____

County _____ Application Date _____

APPLICANT INFORMATION

Applicant Name _____ Age _____ Sex _____ Date of Birth _____

Residential Address _____ City, State, Zip Code _____

Home Phone _____ 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 Two 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

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a 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
3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Signature of Applicant _____ Date _____

The eligibility information provided initially on this federal application will be inputted into Link2Feed, an online client-intake software. Link2Feed requires additional information below to create a client profile from this federal application. Storing information electronically can be safer than keeping paper applications on file at each pantry. Link2Feed respects your information and wants to ensure it remains private. Only certain staff and volunteers can log in to the system, and each person has been trained and has signed an agreement to keep your information private.

The South Carolina Department of Agriculture and their agencies may use your personal information for a variety of reasons:

- **To Improve Our Programs:** We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.
- **To Do Research:** We may use your information for research and analysis. Any reports produced with the data will not identify your individual information. Our staff and volunteers will only share your information with qualified persons outside of our agency.
- **To Connect You with Other Programs:** At your request, we may share your personal information to see if you are eligible for other benefits or programs such as Social Security benefits or SNAP.
- **To Report Abuse, Harm or Neglect:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

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. My signature below certifies I understand that the information on this federal application will be inputted and maintained online through Link2Feed by the South Carolina Department of Agriculture and their agencies.

Signature of Applicant _____ Date _____

ADDITIONAL CLIENT INFORMATION REQUIRED FOR LINK2FEED

HOUSING TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Shelter/Mission/Transitional | <input type="checkbox"/> Private Rental | <input type="checkbox"/> With Family/Friends |
| <input type="checkbox"/> Evacuee | <input type="checkbox"/> Public (Social) Housing | <input type="checkbox"/> Youth Home/Shelter |
| <input type="checkbox"/> Other | <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Own Home |

Email Address(es) _____

Language(s) Spoken: English Spanish Other _____

RACE/ETHNICITY (CHOOSE ALL THAT APPLY)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> White/Anglo | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Alaska Native/Aleut/Eskimo | <input type="checkbox"/> None |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Middle-Eastern/North-African | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Pacific Islander | |

SELF IDENTIFIES AS

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Active Military | <input type="checkbox"/> Other |
| <input type="checkbox"/> Student | <input type="checkbox"/> Veteran | <input type="checkbox"/> None |
| <input type="checkbox"/> Parent/caregiver of children 0-5 years | <input type="checkbox"/> Having no access to personal transportation | <input type="checkbox"/> Undisclosed |

DIETARY CONSIDERATIONS

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetic Diet/Low Carb | <input type="checkbox"/> Heart-Healthy/Low Sodium | <input type="checkbox"/> No/Limited Cooking Equipment |
| <input type="checkbox"/> Soft Diet/Dental Concerns | <input type="checkbox"/> Kosher | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gluten-free | <input type="checkbox"/> Vegan | <input type="checkbox"/> None |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Vegetarian | |

ADDITIONAL CLIENT HOUSEHOLD MEMBER(S) INFORMATION REQUIRED FOR LINK2FEED

(Fill in if applicable. Additional forms may be added to reflect all household members. Do not include yourself.)

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____ Is this birthdate estimated? Yes No

Their Gender: Female Male Transgender Undisclosed Other

Their Relationship to Me:

Spouse Child Parent Sibling Grandchild Grandparent Other Relative
 Boyfriend/Girlfriend Common-Law Partner Friend Undisclosed Other

Their Ethnicity:

White/Anglo Asian Other
 Black/African American Alaska Native/Aleut/Eskimo None
 Hispanic/Latino Middle-Eastern/North-African Undisclosed
 American Indian/Native American Pacific Islander

Do any of the following apply to this person?

Disability Active Military Other
 Student Veteran None
 Parent/caregiver of children 0-5 years Having no access to personal transportation Undisclosed

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