STATE OF ALABAMA THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) CERTIFICATION OF ELIGIBILITY

7 CFR 251 (Current for July 1 2023-June 30 2024)

Name					
Last Address_	First	Middle			
City	State	Zip			
Phone Number					
TOTAL Number in House	ehold: Number of Adults <u>N</u>	OT including Seniors or Veterans			
Number 18 & Under	Number 60 & Over Num	ber of Veterans			
		ome falls below the poverty income guidelines (see ns. Please place a checkmark in the space next to the			
[] 2. I am receiving Tem[] 3. I am receiving Supp[] 4. <u>Self-declared</u> incom	plemental Food Assistance Program (SN porary Assistance to Needy Families (Tablemental Security Income (SSI). ne at or below 130% of the poverty level ces (Example: fire, flood, illness, injury,	ANF, formerly AFDC). (agency can provide chart if needed).			
	atement carefully and then sign the form the eligible to receive USDA foods.	n and write in today's date. You only need to meet on			
number of people OR that I pa State of Alabama. This certifi verify what I have certified to	rticipate in the program(s) that I have check cation is being submitted in connection wit be true. I understand that making a false ce	e listed on the reference chart for households with the same sed on this form. I also certify that as of today, I reside in the th the receipt of Federal assistance. Program officials may pertification may result in having to pay the State agency for the criminal prosecution under State and Federal law.			
Signature		Date			
PROXY OPTION:					
	to pick up food distribution themselves, thatures below and provide agency with Ph	ney may assign a proxy to pick up for them. Proxy <u>AND</u> noto ID.			
Client Signature:		Date of Proxy Request:			
Proxy Name (Print):	Proxy Name (Print): Proxy Signature:				

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity* and sexual orientation*), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

*The enclosed "non-discrimination" language herein was added pursuant to the May 5, 2022, USDA memorandum. However, although included as currently required for audit compliance by the USDA, the State of Alabama objects to its inclusion, applicability, and the application of this language due to currently pending legal challenges in the matter of The STATE OF TENNESSEE, ET AL. V. USDA, ET AL., Case No. 3:22-ev-00257, and may be subject to change or removal.

ALL agencies: write the date in the first column and have the client sign in the third column.

USDA agencies: Also note the total number of USDA units given to the client in the second column.

DATE	USDA PANTRY UNITS	CLIENT SIGNATURE	DATE	USDA PANTRY UNITS	CLIENT SIGNATURE