



South Carolina DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

THE EMERGENCY SUPPLEMENTAL FOOD PROGRAM (TEFAP) APPLICATION

CLIENT INFORMATION

Name _____ Household Size _____

Resident of SC? Yes No Does the applicant already receive: Food Stamps TANF SSI

HOUSEHOLD INCOME

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	30,120	2,510	579
2	40,880	3,407	786
3	51,640	4,303	993
4	62,400	5,200	1,200
5	73,160	6,097	1,407
6	83,920	6,993	1,614
7	94,680	7,890	1,821
8	105,440	8,787	2,028
Amount per person above 8	10,760	897	207

Household Income (only if not receiving one of the programs above) _____

Client Qualifies Yes No If no, please explain why: _____

Address (optional) _____

Phone (optional) _____

PROXIES

List the names of people who are authorized to collect food on your behalf:

Ethnicity (select only one): Hispanic or Latino Non-Hispanic or Non-Latino Prefer not to answer

Race (may select more than one): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Prefer not to answer

APPLICANT SIGNATURE

Yes No I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. Please note, answering “No” does not disqualify you for the program.

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.

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

Received by _____ Date _____

NONDISCRIMINATION STATEMENT

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, audiotope, 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 which can be obtained online at: usda.gov/sites/default/files/documents/ad-3027.pdf, 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
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. Fax:

(833) 256-1665 or (202) 690-7442; or

3. Email:

program.intake@usda.gov

This institution is an equal opportunity provider.