

The Emergency Food Assistance Program
Pennsylvania TEFAP Proxy Form

Date _____

I _____ hereby authorize _____ to pick up my
TEFAP Food Package and deliver it to me.

Client Signature _____

Proxy Signature _____

Pantry Representative _____

Proxy ID Verified

Fayette County Community Action Agency, Inc. Household Intake Form

Household Name _____

Address _____

Phone Number #1 _____ Phone Number #2 _____

Email Address _____

Municipality _____

School District _____

Family Type: (check one): Other Single Parent/Female Single Parent/Male
Single Person Two Adults/No Children Two Parent Household
Non-Related Adults with Child Multi-Generational Household

Primary Mode of Transportation (check one): FACT Other People Own Walks

Shelter Arrangement (check one): Lot Rent No Home Other Own
Subsidized Rental Unsubsidized Rental

Total Monthly Shelter Cost: _____

Total Monthly Utility Cost: _____

Currently Receiving (Check all that apply): SNAP WIC LIHEAP/Crisis
Housing Choice Voucher Public Housing Childcare Voucher
HUD-VASH Voucher

List of all Household Members and Relationship:

Fayette County Community Action Agency, Inc. Participant Intake Form

Name First _____ Middle _____ Last _____ Suffix _____

Date of Birth _____

Race (please check) African American American Indian Asian Bi-Racial
 Multi-Race Native Hawaiian or Pacific Islander White Other: _____

Ethnicity (please check) Hispanic Non-Hispanic

Gender Identity (please check) Male Female Non-Binary Transgender Questioning

Marital Status (please check) Divorced Living Together Married Never
 Separated Single Widowed

Parental Status (please check) Not a Parent Pregnant Pregnant/Parent Single Parent
 Two Parents

Health Coverage (please check) CHIP Medicaid Medicare No Coverage Private

Insurance Provider (please list) _____

Highest Level of Education (please check) Underage College Drop-out grade 9-12
 Drop-out grade K-8 GED High School Graduate Head Start In School Grades 9-12
 In School Grades K-8 Other Pre-School Some College/Trade Trade Graduate

Disabilities (please check all that apply) Blind Deaf Developmental Mental
 Other Physical Speech None

Employment Status (please check) Disabled Full Time Part Time Other
 Retired Seasonal Under Age
 Unemployed over 6 months Unemployed under 6 months

Monthly Income- if more than one, please separate

Gross Monthly Income _____ Gross Monthly Income _____
Source of Income _____ Source of Income _____

Please check all that apply: US Citizen US Veteran Registered Voter
 Past Criminal History Drug/Alcohol Abuse History Survivor of Domestic Violence

RM/ceb 3/6/24



Children (0-17) _____
 Adults _____
 Seniors (60 and up) _____

Bureau of Food Assistance
The Emergency Food Assistance Program (TEFAP)
"Self Declaration of Need"
 Effective July 1, 2024 to June 30, 2025

_____ Recipient Name			_____ Agency Representative Signature	_____ Date
_____ Street Address			_____ Distribution Site Name	_____ Number
_____ City	_____ State	_____ Zip	_____ Distribution Site Location	

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Total Household Income (based on 185% of Poverty)				
Household Size		Annual	Monthly	Weekly
Circle One				
1	\$	27,861	\$	2,322
2	\$	37,814	\$	3,151
3	\$	47,767	\$	3,981
4	\$	57,720	\$	4,810
5	\$	67,673	\$	5,640
6	\$	77,626	\$	6,469
7	\$	87,579	\$	7,299
8	\$	97,532	\$	8,128
<i>For each additional family member add:</i>		\$	\$	9,953
			\$	830
			\$	192

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

 Recipient Signature Date

➔ Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

USDA 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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

Fayette County Community Action Agency, Inc.
 108 North Reeson Ave.
 Uniontown, PA 15401

PHONE: (724) 437-6050
 FAX: (724) 437-4615

(TDD) (724) 437-4850
 Website: www.fccaa.org

RELEASE OF INFORMATION

I would like assistance from Fayette County Community Action Agency, Inc. I understand that Community Action will be checking personal information on my situation to determine my eligibility for programs and to find solutions to my problems.

I, _____, hereby authorize the Fayette County Community Action Agency, Inc., to discuss and/or release information relative to my situation with representatives of other programs for which I may be eligible. I also authorize to discuss information relative to my situation with representatives of private companies, landlords and government agencies for the purpose of finding a solution to my problems. This release will last one (1) year from the date below.

I understand that this information will be treated in a confidential manner.

_____ (please initial) I hereby certify that to the best of my knowledge the information shared for your Client Management System is true, correct and complete and that all the attachments provided by me, verifying my income are valid. I understand that this information is utilized to determine eligibility for service for which I am applying. All information contained on this document is used only for Fayette County Community Action Agency Inc. purposes in accordance with the Privacy Act of 1974. Fayette County Community Action Agency Inc. does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age (40 or older) or genetic information (including family medical history).

 Client Signature

 Date

 Staff Signature

 Date

Revised 8-15-2023 RM/ceb
 (TK:jck:3-11)



Fayette County Community Action Agency, Inc. is a 501(c)(3) non-profit organization. We are proud to be a part of the Community Action Partnership. For more information, please contact us at (724) 437-6050. Website: www.fccaa.org



