EMERGENCY FOOD REGISTRATION FORM
Intake Information

Clients must be residents of the State of New Jersey

Date: _____ LDA_____ EFO_____

Name (Print): _____ Birthdate: _____

Street Address: _____ Town & zip code: _____

Phone #: _____ E-mail: _____

Number of adults in household: _____ Number of children under 18 in household: _____

QUALIFYING REASON (<u>PLEASE CIRCLE</u>)

1. **TANF (Temporary Assistance for Needy Families – Social Services Program)**
2. **SNAP/Food stamps - Ran out/insufficient Lost Stolen Not received**
3. **SSI (Supplemental Security Income) – NOT SOCIAL SECURITY**
4. **WIC (Women, Infants, and Children)**
5. **MEDICAID**
6. **LOW INCOME (185% of poverty)- SELF DECLARATION**
7. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever and accept the food products "as is" and at my own risk.

"I certify that my total yearly gross household income is at or below 185% of the poverty level, OR that my household participates in the program(s) that I have checked on the Emergency Food Registration Form. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP foods."

CLIENT SIGNATURE _____ **DATE**: _____

Interviewer Name: _____

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 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.