

F-40059 (12/2016) **State of Wisconsin Application for The Emergency Food Assistance Program (TEFAP)**

Participation in TEFAP is voluntary. Personally Identifiable Information (PII) is required for participation and will be used for that purpose ONLY. Applicant PII may not be shared with persons or organizations outside this food pantry.

*** Individuals who are homeless, migrant workers, undocumented or victims of domestic abuse are exempt from providing documentation. State of Wisconsin**

WI Statutes, s. 46.03
P.L. 98-8 (as amended)

Applicant Last Name	First Name	Middle Initial	Identification Provided*	Pantry Name
Applicant Street*	City	Zip Code	Proof of Address Provided*	Service Area: County/School District/City/Zip
Telephone Number () -	Email Address	Today's Date	Proxy Name (person designated to pick up food on behalf of Applicant)	Proxy's Relationship to Applicant
Do members of your household have food allergies or special dietary needs? Yes No (Please list food allergies or special dietary needs of household members)			Does your household currently receive FoodShare (food stamps)? Yes, we do. No. We've applied; we don't qualify. No. But we would like to apply. No. We don't wish to apply.	

	Names of Household Members	Birth Dates	Adult under age 60	Adult age 60 or older	Minor Child
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Applicant Certification and Signatures:

With my signature(s) below, I certify that the combined, gross income of all members of my household does not exceed the income eligibility limits posted in the food pantry on the date(s) I have signed. I attest that all persons I have listed on this form actually live in my household, and that these are the people with whom I will share this USDA Food. I understand the food provided to us is for our use only. I release the USDA, the State of Wisconsin and its agents, this food pantry and any agency or person distributing USDA commodities from any liability resulting from my receipt of this food. I certify that all information I have provided on this form is true and correct. I understand that false certification may require me to repay the value of the benefits I received and that I may also be subject to prosecution.

Signature of Applicant Original application: month/day/year

Signature of Applicant 1st Renewal application: month/day/year

Signature of Applicant 2nd Renewal application: month/day/year

Signature of Applicant 3rd Renewal application: month/day/year

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Civil Rights Policy: The U.S. Department of Agriculture, the Wisconsin Department of Health Services, their grantees, and all participating food pantries prohibit discrimination against their customers, employees, volunteers and applicants for programs and employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation. These entities also prohibit discrimination based on whether all or part of an individual's income is derived from any public assistance program, and/or protected genetic information. These prohibitions apply to activities conducted or funded by these entities.

Pantries may use the reverse of this form if they wish to obtain a TEFAP participant signature at each food distribution.

TEFAP Participant Food Distributions Record* (Optional)

Name	Date		Name	Date		Name	Date
1.		17.			33.		
2.		18.			34.		
3.		19.			35.		
4.		20.			36.		
5.		21.			37.		
6.		22.			38.		
7.		23.			39.		
8.		24.			40.		
9.		25.			41.		
10.		26.			42.		
11.		27.			43.		
12.		28.			44.		
13.		29.			45.		
14.		30.			46.		
15.		31.			47.		
16.		32.			48.		

*All participating TEFAP Pantries MUST record the date of food distribution to each household. However pantries have flexibility to determine how best to capture and maintain this record. Food pantries may choose to record their TEFAP distributions in an electronic database or spreadsheet. Or, they may continue the practice of collecting a participant signature at each distribution (using the lines provided above), or they may have a volunteer or staff member simply record the dates on the lines above and not obtain a signature. Pantries that continue use of paper forms need not renew the forms annually but may continue using them until their lines are exhausted. TEFAP records must be maintained for three years beyond the current year.