



Capital Area Food Bank 4900 Puerto Rico Ave. NE Washington, DC 20017
 Phone: 202-644-9800 Fax: 202-529-1767
 www.capitalareafoodbank.org

Senior Brown Bag Program 2018-2019

INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

Brown Bag Site: **GALILEE COMMUNITY DEVELOPMENT CORPORATION**

First Name: _____ Last Name: _____

Address: _____ Apt. Number: _____

City: _____ State **MARYLAND** Zip: _____

Home Phone: _____

Date of Birth: _____ Age: _____

Who can we call if you are unavailable?

Name: _____ Phone: _____

handicapped/disabled? Yes No homebound? Yes No

Are you the caregiver for children or grandchildren? Yes No

How many people are in your household?

Number of Adults _____ Number of children _____ Total in Household: _____

Answers to the questions below are required to determine eligibility to receive USDA donated goods through The Emergency Food Assistance Program (TEFAP). If you receive the following, please complete:

Temporary Assistance for Needy Families (TANF) Yes No

Special Nutrition Assistance Program (SNAP) Food Stamps (SNAP) Yes No

Medicaid Yes No

IF YOU ANSWERED "NO" TO ALL OF THE ABOVE YOU MUST PROVIDE:

Total Household Income \$ _____ per month

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I certify that all of the above information is true and correct and all income has been reported. I understand that this information is given in receipt of goods which may include goods donated by the United States Department of Agriculture; that the United States Department of Agriculture and/or State Agency Officials may for cause verify information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature _____ Date _____

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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For Food Bank use only: Approved Denied, Specify: _____

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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