

Food Pantry Intake Application

HEAD OF HOUSEHOLD INFORMATION:

First & Last Name: _____ Date of Birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ Homeless: Yes No

Name of Authorized Representative (if applicable): _____
(This person is designated to pick up food on behalf of the eligible household.)

Gender Identity: Female Male Transgender Do not identify as female, male, or transgender

Race or Ethnicity: White Hispanic, Latino, or Spanish Black or African American Asian
 American Indian or Alaska Native Middle Eastern or North African
 Native Hawaiian or other Pacific Islander Other _____ Prefer not to answer

Marital Status: Single Married Divorced Widowed Domestic Partner

Military Status: Active Duty Retired Reservist Veteran Not Applicable

Employment: Employed Full-Time Employed Part-Time Working Multiple Jobs Self-Employed
 Retired Unable to Work due to Disability Unemployed

Government Benefits: Disability Social Security (SSI) Veteran Benefits Unemployment SNAP (food stamps)
 WIC TANF Medicaid/SoonerCare Medicare Not Applicable

MEMBERS OF HOUSEHOLD INFORMATION:

Please list each additional resident for the household address listed above:

First Name:	Last Name:	Date of Birth: <small>(format: xx/xx/xxxx)</small>	Gender Identity:	Race or Ethnicity:	Relationship* to Head of Household:
1.					
2.					
3.					
4.					
5.					
6.					

*Relationship Options: Spouse, Partner, Roommate, Sibling, In-Law, Parent, Aunt/Uncle, Child, Cousin, Grandchild, Grandparent, Niece/Nephew

Head of Household Signature: _____ Date: _____

Opportunities, Inc. Emergency Assistance Plan

Applicant Name: _____

Address: _____ County: _____

Phone Number: _____ Cell: _____

Date: _____ # of Adults: _____ # of Children: _____

Total Monthly Expenses

Total Household Income: _____

Rent: _____ Childcare: _____ Medical Insurance: _____

Gas: _____ Clothing: _____ Transportation: _____

Electric: _____ Groceries: _____ Medication: _____

Phone: _____ Doctor: _____ Car Insurance: _____

Cable/TV: _____ Laundry: _____ Car Payment: _____

Internet: _____ Clothing: _____ Car Repair: _____

Other: _____ Eating Out: _____ Past Due Bills: _____

Total Amount of Expenses: _____

Please answer the following questions to the best of your ability:

What has caused this situation you are currently in?

How do you plan on helping yourself become independent?

The Emergency Food Assistance Program (TEFAP) Application: State of Oklahoma

Name: _____

Number of Adults in Household: _____

Address: _____

Number of Seniors in Household: _____

Number of Children in Household: _____

Automatic Eligibility for TEFAP/USDA Food:

My Household receives SNAP/FDPIR/WIC/CSFP/CAC

If you did not check the box above, please continue:

On the following chart, please circle the number of people in your household. Circle the income limit that matches the size of your household:

Is your income the same or lower than the number you circled? Yes No

200% GROSS INCOME LIMITS FOR OKLAHOMA TEFAP/ USDA FOODS PROGRAM			
<u>Effective from July 1, 2022 to June 30, 2023</u>			
Household Size	Annual	Monthly	Weekly
1	\$27,180	\$2,265	\$523
2	\$36,620	\$3,052	\$704
3	\$46,060	\$3,838	\$886
4	\$55,500	\$4,625	\$1,067
5	\$64,940	\$5,412	\$1,249
6	\$74,380	\$6,198	\$1,430
7	\$83,820	\$6,985	\$1,612
8	\$93,260	\$7,772	\$1,794
Each add'l family member add...	+ \$9,440	+ \$787	+\$182

I certify that the total gross income for my household is at or below the income, I have circled or that my household is automatically eligible based on the programs I checked above.

Signature

Date

Non-Discrimination 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, 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

Solicitud del Programa de Asistencia Alimentaria de Emergencia (TEFAP): Estado de Oklahoma

Nombre: _____

Numero de adultos en el hogar: _____

Dirección: _____

Numero de ancianos en el hogar: _____

Numero de niños en el hogar: _____

Elegibilidad automática para alimentos TEFAP / USDA: Mi hogar recibe

SNAP/FDPIR/WIC/CSFP/CAC

Si no recibe algunos de los servicios mencionados, continúe: En la siguiente tabla, circule el número de personas en su hogar. Coloque un círculo en el límite de ingresos que coincida con el tamaño de su hogar:

¿Sus ingresos son iguales o inferiores al número que marcó con un círculo? Si No

LÍMITES DE INGRESO BRUTO DEL 200% PARA EL PROGRAMA DE ALIMENTOS OKLAHOMA TEFAP / USDA			
En vigencia desde el 1 de Julio de 2022 hasta el 30 de Junio de 2023			
Tamaño del hogar	Anual	Mensual	Semanal
1	\$27,180	\$2,265	\$523
2	\$36,620	\$3,052	\$704
3	\$46,060	\$3,838	\$886
4	\$55,500	\$4,625	\$1,067
5	\$64,940	\$5,412	\$1,249
6	\$74,380	\$6,198	\$1,430
7	\$83,820	\$6,985	\$1,612
8	\$93,260	\$7,772	\$1,794
Cada miembro adicional de la familia agrega ...	+ \$9,440	+ \$787	+\$182

Certifico que el ingreso bruto total de mi hogar es igual o inferior al ingreso que he marcado o que mi hogar es automáticamente elegible según los programas que verifiqué anteriormente.

Firma _____

Fecha _____

Declaración de no discriminación:

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación de sexual), edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y

lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión del Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en

<https://www.usda.gov/sites/default/files/documents/USDAProgramComplaintForm-Spanish-Section508Complaint.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas ingles) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

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1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o'
- (2) fax: (833) 256-1665 o' (202) 690-7442; o
- (3) correo electrónico: program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

Non-Discrimination Statement (May, 2022)

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