

**Temporary Emergency Food Assistance Program (TEFAP)
 FY 2023 USDA Application and Registration
 Fairbanks Community Food Bank
 725 26th Avenue
 Fairbanks, Alaska 99701
 Phone: 907-374-0555 Fax: 907-451-7751
 Effective October 2023 – September 2024**

Profile # _____
 Initials _____

Must be dated after October 1, 2023 Date: _____ FY 2024

Please PRINT names of all household members!

1) Last	First	MI	DOB
_____	_____	_____	_____
2) Last	First	MI	DOB
_____	_____	_____	_____
3) Last	First	MI	DOB
_____	_____	_____	_____
4) Last	First	MI	DOB
_____	_____	_____	_____
5) Last	First	MI	DOB
_____	_____	_____	_____
6) Last	First	MI	DOB
_____	_____	_____	_____
7) Last	First	MI	DOB
_____	_____	_____	_____
8) Last	First	MI	DOB
_____	_____	_____	_____

Mailing Address: (PO Box/Street) _____ (City) _____, AK Zip Code _____

Residence (if different): _____ (City) _____, AK Zip Code _____

Number in Household _____ Adults: _____ Children: _____ Phone: _____

Authorized Alternate Person/Agency also allowed to pick up TEFAP box _____

INCOME INFORMATION

PROGRAMS BENEFITS: if you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

<i>SNAP (FOOD STAMPS)</i>		<i>Tribal TANF/ATAP</i>		<i>SSI or MEDICAID</i>		<i>CSFP or FDPIR</i>		<i>NSLP LUNCH FREE/REDUCED</i>	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INCOME: Permanent Fund Dividend; did anyone in your household receive the current year's PFD?
 If YES, include the PFD amount received in your Annual Household Income (see chart below)

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$54,630	\$73,920	\$93,210	\$112,500	\$131,790	\$151,080	\$170,370	\$189,660

*For each additional household member, add \$6,430

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

Applicant Signature: _____ **COVID-19 Signature Waiver** _____

DO NOT MAIL THIS APPLICATION, IT MUST BE TAKEN TO TEFAP AGENCY FOR VERIFICATION

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USDA NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.
USDA is an equal opportunity provider, employer, and lender.

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For intake workers use only: Please print!

Intake Worker Signature (required): _____ **Date:** _____

Intake Worker Print Name _____ **Agency** _____

Eligible

Ineligible-Reason