



APPLICATION FOR USDA DONATED FOODS

Name: _____ Spouse: _____
 (last name, first, middle int.) (first name)
 Street Address: _____ Phone number: _____
 City: _____ County: _____

Disclosure of my social security number is voluntary and is for identification purposes only. SSN: _____
 I understand that disclosure of the following information is voluntary and is not a requirement to receive USDA foods. The information will be used only for Results Oriented Management Accountability (ROMA) requirements of the Community Services Block Program (CSBG): Housing: Own _____ Rent _____ Other _____ Source of Income _____
 Family Type: Single _____ Married _____ Two parent _____ Two Adult/no children _____

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. I am not receiving USDA foods from another source.

Person must provide a statement from HH if providing info. I certify all information provided is true and correct.
 [Signature of Household (HH) or Authorized Rep. (AR)]

	Household Size	Monthly Income	I.D. Viewed	Begin & Ending dates of Cert. Month & Year	Today's Date Mo./day/Yr.	Agency Initial
A.						
B.						
C.						
D.						
E.						
F.						

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250

Name: _____
 1. I authorize _____ to pick up my USDA commodities. (Date) _____ (Agency doc.) _____
 2. I authorize _____ to pick up my USDA commodities. (Date) _____ (Agency doc.) _____

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. I am not receiving USDA foods from another source.

Person must have statement from HH to pick up food. I received USDA foods for the month listed.
 [Signature of Household (HH) or Authorized Rep. (AR)]

	Agency Documentation	I.D. Viewed	USDA food issuance date Month/Day/Year	Agency Initial
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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PLEASE BRING CARD TO NEXT USDA COMMODITY FOOD DISTRIBUTION

For More Information, Contact:
Evelyn Reed
PO Box 580, 722 Gaunt Street
Benton, AR 72018
501-778-1133 / 501-778-9120 (fax)
ereed@cadc.cc



INCOME ELIGIBILITY GUIDELINE

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

MASS DISTRIBUTION

FOOD BANK

FOOD PANTRY

Effective July 1, 2008 to June 30, 2009

FAMILY SIZE	MONTH	WEEK	YEAR
1	\$ 1127	\$ 260	\$ 13,520
2	1517	350	18,200
3	1907	440	22,880
4	2297	530	27,560
5	2687	620	32,240
6	3077	710	36,920
7	3467	800	41,600
8	3857	890	46,280
Each additional Family Member	+ 390	+ 90	+ 4,680

The above income guidelines are based on 130% of the Federal Poverty Guidelines.

CADC is in compliance with Titles VI and VII of the Civil Rights Act.