

**State of Wisconsin Application for The Emergency Food Assistance Program (TEFAP)**

Participation in TEFAP is voluntary. Personally Identifiable Information (PII) is required for participation in TEFAP and in the food pantry and will be used for those purposes ONLY. Applicant PII will not be shared with persons or organizations outside this food pantry. Some form of identification or documentation is required once for each household member unless the household is exempt. The household member receiving the food from the pantry must show some form of identification for each food distribution. Photo IDs are preferred but not required.

**\*Individuals who are homeless, migrant workers, undocumented or victims of domestic abuse are exempt from providing documentation and private addresses.**

|                     |            |                |   |             |
|---------------------|------------|----------------|---|-------------|
| Applicant Last Name | First Name | Middle Initial | Email or Phone Number   | Pantry Name |
| Applicant Street*   | City       | Zip Code       | Proxy: Name(s) of person(s) designated to pick up food on behalf of applicant's household |             |

Does your household currently receive FoodShare (food stamps)?  Yes, we do.  No, we have applied; we do not qualify.  No, but we would like to apply.  
 No, we do not wish to apply.  No, but we would like information about FoodShare.

|     | Proof of Household Member Once | Names of Household Members<br>(Head of household ID checked each time) | Age                      |                          |                          | <b>Applicant Certification and Signatures:</b><br>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.<br><br>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. |
|-----|--------------------------------|--|--------------------------|--------------------------|--------------------------|---|
|     |                                |  | Birth to 17              | 18 to 59                 | 60+                      |   |
| 1.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>SIGNATURE – Applicant</b> Original application: month/day/year<br><br><input type="checkbox"/> Proof of address provided at application<br><br><b>SIGNATURE – Applicant</b> 1st <b>renewal</b> application: month/day/year<br><br><input type="checkbox"/> Proof of address provided annually<br><br><b>SIGNATURE – Applicant</b> 2nd <b>renewal</b> application: month/day/year<br><br><input type="checkbox"/> Proof of address provided annually<br><br><b>SIGNATURE – Applicant</b> 3rd <b>renewal</b> application: month/day/year<br><br><input type="checkbox"/> Proof of address provided annually  |
| 2.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 4.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 5.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 6.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 7.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 8.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 9.  | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 10. | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 11. | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 12. | <input type="checkbox"/>       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

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, audiotope, 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:

- mail:**  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or
- fax:**  
 (833) 256-1665 or (202) 690-7442; or
- email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)