

USDA DONATED COMMODITIES APPLICATION

County _____

I _____ am applying to be an eligible recipient to receive USDA commodities.

PRINT NAME HERE

Address: _____
City State Zip

A. I receive Food Stamps/SNAP: _____ Yes
_____ No

B. My household's gross income is \$ _____ monthly. (only if they do NOT receive food stamps)

C. The number in my household is _____ persons.

D. The following persons are authorized to pick up my food:

1. _____ 2. _____

Name _____
Signature of Applicant Date

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

FOR OFFICE USE ONLY

1. Distribution

Beef Stew		Figs, Dried			
Cereal		Peaches			
Chicken, Whole		Peanut Butter			
Corn		Sweet Potatoes			
List Last Qtr Items Below					
Applesauce		Potatoes, Sled			
Creamed Corn		Veg Mix			
Macaroni		Vegetable Oil			

2. Issued by: _____
Signature of Distributing Official Date

IMPORTANT-----READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

Received by: _____
Signature of Recipient