

optional

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

Name _____ / _____
Signature of Applicant *Date* *County*

Address: _____
City *State* *Zip*

- A. I receive Food Stamps/SNAP: _____ Yes
_____ No
- B. My household's gross income is \$ _____ monthly.
- C. The number in my household is _____ persons.
- D. The following persons are authorized to pick up my food:

1. _____ 2. _____

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

FOR OFFICE USE ONLY:

1. Distribution

	1	2	3	4	5		1	2	3	4	5		1	2	3	4	5
Beans, Green						Corn						Peas					
Beef Stew						Fruit, Mixed						Plums, Dried					
Carrots						Juice, Cranapple						Potatoes, Dehy					
Chicken Leg Qtrs						Juice, Orange						Rice					
Chicken, Whole						Peaches						Tomatoes, Diced					
Bulk Pears																	

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: _____ Date: _____ Dist. Initials: _____
Signature of Recipient

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