

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: _____ 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. (Not all prohibited bases apply to all programs) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity

FOR OFFICE USE ONLY

1. Distribution

Apple Juice		Orange Juice		LAST QTR ITEMS	
Applesauce		Pears		Cherry Apple Juice	
Beef, Grd Frz		Pork Patty Frz		Chicken Whole	
Cheddar Soup		Potatoes SLC		Great Northern Beans	
Cheese 12/2#		Rotini		Mushroom Soup	
Cherries, Dried		Fresh Tomatoes		Peaches	
Corn		*Fresh Potatoes		Peas	
Green Beans		Dried Plums		Pork, CND	
Milk, Dry		LAST QTR ITEMS		Tomato Soup	
Milk, UHT		Beef Stew			
		Blueberries			

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