

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: \_\_\_\_\_ 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. (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 provider and employer.

**FOR OFFICE USE ONLY:**

1. Distribution

	1	2	3	4	5		1	2	3	4	5		1	2	3	4	5
Apple Juice						Corn						Pork Patty, Frz					
Apple Sauce						Green Beans						Potatoes, SLC					
Beef, Grnd, Frz						Milk, Dry						Rotini					
Cheddar Soup						Milk, UHT						*Fresh Potatoes					
Cheese						Orange Juice											
Cherries, Dried						Pears											
***** Last Qtr/Extra Items Below						***** Last Qtr/Extra Items Below						***** Last Qtr/Extra Items Below					
Beef Stew						Grt Northern Beans						Pork, CND					
Blueberries						Mushroom Soup						Tomato Soup					
Cherry/Apple Juice						Peaches											
Chicken, Whole						Peas											

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: \_\_\_\_\_  
*Signature of Recipient*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Dist. Initials: \_\_\_\_\_  
*Signature of Recipient*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Dist. Initials: \_\_\_\_\_  
*Signature of Recipient*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Dist. Initials: \_\_\_\_\_  
*Signature of Recipient*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Dist. Initials: \_\_\_\_\_  
*Signature of Recipient*