

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

Applesauce		Creamed Corn		Peanut Butter	
Cereal, Corn Flakes		Grapefruit Juice		Potatoes, Sld	
Chicken, Whole		Milk, UHT		Veg Mix	
Corn		Peaches		Vegetable Oil	
List Last Qtr Items Below					
Chicken Leg Qtrs					

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*