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HIM CENTER FOOD PANTRY

Household Application for Food

APPLICATION FOR ASSISTANCE / SOLICITUD DE ASISTENCIA

Applicant's Name (Last, First, Middle) Nombre del Solicitante (Apellido, Nombres) LAST NAME -		FIRST NAME	CELL/PHONE NUMBER:	
ADDRESS/DIRECCION:	Apt.#/Apto #	CITY/CIUDAD:	TX	ZIP CODE/CODIGO PO
EMAIL ADDRESS: _____				

Section 1 - Application – To be completed by the household member

By signing below, I certify that

- I am a member of the household living at the address provided in Section 2 and that, on behalf of the household, I am applying for food assistance;
- All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and;
- The information provided by the household's "Authorized Representative" (as named below or as authorized on a separate page) is also, to the best of my knowledge, true and correct.

Section 2 – Household Information/NUMERO DEL HOGAR:

HOW MANY PEOPLE IN YOUR HOUSE?

CRISIS ELIGIBILITY: _____

SIGNATURE OF HOUSEHOLD MEMBER _____

DATE _____

Are you receiving FOOD assistance from another organization? _____

If yes, what organization? _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Sites may request but must not require proof of information. / Los sitios pueden solicitar pero no deben requerir prueba de información

DL/ID VERIFICATION _____

HOUSEHOLD INCOME – MONTHLY _____

DO YOU RECEIVE ANY OF THE FOLLOWING (CIRCLE ALL) – SNAP TANF SSI
NSLP MEDICAID DISABILITY

ID # _____

Disclaimer: All product is donated and all items are accepted in an "as is" condition.