

**South Carolina Department of Social Services
EMERGENCY FOOD ASSISTANCE APPLICATION FORM**

Name:	Street Address:	City:	State:	Zip:
Racial/Ethnic Data: (For Statistical Purposes Only)				
<input type="checkbox"/> Black (Not of Hispanic Origin)	<input type="checkbox"/> White (Not of Hispanic Origin)	<input type="checkbox"/> Asian		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander		
Eligibility Determination				
Section A. Qualifying Program Participation If all members of the household receive benefits from any one of the qualifying programs listed below they are automatically eligible for benefits under The Emergency Food Assistance Program. Place a check mark in the appropriate box to indicate which program they are participating in: <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF (Family Independence) <input type="checkbox"/> SSI If no program is checked above, Section B must be completed.		Section B. Income Eligibility If the household does not participate in one of the qualifying programs listed in Section A, determine if the household income is at or below the income limit for the household size. Document the number of household members and total monthly gross income of all household members below: Number In Household: _____ Monthly Gross Income: _____ Refer to Income Eligibility Chart to determine eligibility.		
Optional Data				
Mailing Address:			Telephone:	
HH Member #1 Age:	HH Member #2 Age:	HH Member #3 Age:	HH Member #4 Age:	HH Member #5 Age:
HH Member #6 Age:	HH Member #7 Age:	HH Member #8 Age:	HH Member #9 Age:	HH Member #10 Age:

I certify by my signature that my household income is at or below the income limit for my household size as shown on The Emergency Food Assistance Program Income Eligibility Chart, **OR**, that my household participates in the Qualifying Program that has been checked on this form. I also certify that, as of today, my household lives in the area served by the South Carolina Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

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.

Signature of Applicant: _____ Date: _____

The following person(s) are authorized to apply for and receive food from The Emergency Food Assistance Program on my behalf:

1. _____
2. _____

Additional Signature Space

The applicant must sign below each time after the initial request for emergency food assistance is made. Eligibility information provided initially should be reviewed each time to determine continued eligibility of the applicant.

My signature below certifies my continued eligibility for USDA Commodity Program based on qualifying program participation or gross household income at or below the limit for my household size.

Received By: _____
Signature of Recipient Date

Received By: _____
Signature of Recipient Date

Received By: _____
Signature of Recipient Date

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Signature of Recipient Date

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Signature of Recipient Date

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