Food Request Form / Proxy Pick-up Permission SVDP St. Paul's Catholic (Agency 10044)

Last updated 2-3-2023

Last Name				
First Name				
Date of Birth (MM / DD / YYYY)				
Address				
Apartment # or Unit #	#			
Zip Code				
County				
Email Address (optional)				
Phone				
Language (optional)				
What is your ethnicity? (check all that apply)	Undisclosed Hispanic / Latino Other Black / African American White / Anglo Asian Pacific Islander American Indian / Native American Middle-Eastern / North African Alaska Native / Aleut / Eskimo			
Proxy Name & Phone Number				
Duration	Always	1 Year	Until this d	late
Does anyone in your household receive any of these services?				
Income for each person in your household	Primary Income \$	(per month/month	y)	
(per month/monthly)	Other Income \$	_ (per month/monthly)		
How many people are in your household?				
If you have experienced a household crisis, please provide details. If not, enter N/A.				
By signing below, I certify that: (1) I am a member of the household living at the address provided in Section 1 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.				
CLIENT SIGNATURE				
DATE				
For Site Staff Only Household is eligible	Yes No	_		
For Site Staff Only Site Staff Signature				
	USDA Nondiscrimination Statement			

Assistance available in English and Spanish. Please call 877-TEX-MEAL (877-839-6325) for help.

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addressed to USDA and provide in the letter ail of the limbodies 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.