

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) CERTIFICATION OF ELIGIBILITY
(Self-Identifying - NO Identification REQUIRED)

Agency Name: **SERVE, 15 Upton Ln, Stafford VA - 540-288-9603**

Name: _____ Number of People in Household: _____

Address: _____ Phone: _____ Email: _____

City/State: _____ County: _____ United States Y N

You are eligible to receive food from TEFAP if your household participates in any of the following programs.

Please place a checkmark in the space next to the category that applies. *(Sign and date application)*

_____ **Supplemental Nutrition Assistance Program (SNAP)**
_____ **Temporary Assistance to Needy Families (TANF)**
_____ **Individual receiving Supplement Security Income (SSI)**
_____ **Individual receiving Medicaid**

You are eligible to receive food from TEFAP if your household meets the income guidelines in addition to participating in the Supplemental Security Income (SSI) or Medicaid program. Please place a checkmark in the space next to the category that applies and include income. *(Sign and date application)*

_____ **Individual receiving Supplement Security Income (SSI) with additional HH members include total income** _____
_____ **Individual receiving Medicaid with additional HH members include total income** _____

You are eligible to receive food from TEFAP if your household meets the income guidelines. Please place total amount of household income in the space next to that applies. *(Sign and date application)*

_____ Weekly _____ Monthly _____ Annual

Please read the following statement carefully and then sign the form and write in today's date.

You only need to meet one of these requirements to be eligible to receive USDA foods.

I certify that I am the only person in this household who has applied for this assistance. I certify that the income of all persons in my household is not more than the amount listed on this form. I understand that I can only receive USDA food once a month. 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.

Signature

Date

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: _____ is authorized to pick up USDA foods on my behalf.

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



SERVING CHILDREN AND FAMILIES SINCE 1979

Supporting
Stafford County:
➤ Food Pantry
➤ Utilities Help
➤ Rx Assistance

SERVE Sirve

Sabemos que a veces un sueldo regular no es suficiente para cubrir todas las necesidades. SERVE puede ayudar a llenar ese vacío para los residentes del condado de Stafford. Proporcionamos:

- Una caja de alimentos cada dos semanas;
- Asistencia de servicios públicos a través de EnergyShare®;
- Asistencia con copago de recetas médicas.

Nuestra Promesa es...

...Ayudar a nuestros vecinos en necesidad de emergencia sin prejuicios o sesgos, y con benevolencia y corazones abiertos.

Contáctanos

- (540) 288-9603
- SERVE@serve-helps.org
- 15 Upton Lane, Stafford, VA 22554

Horas de Operación

- Lunes – Jueves - 11a. M – 4p. M.
- 2º y 4º sábado – 10a. M. – 12p. M.

www.SERVE-helps.org



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SERVE Helps

We know that sometimes a regular paycheck isn't enough to cover all needs. SERVE can help fill that gap for Stafford County residents. We provide:

- A box of groceries from our Food Pantry every 2 weeks during the summer;
- Utility Assistance through EnergyShare®;
- Prescription Co-pay Assistance.

We Promise...

...To help our neighbors in emergency need without bias or prejudice, and with benevolence and open hearts.

Contact Us

- (540) 288-9603
- SERVE@serve-helps.org
- 15 Upton Lane, Stafford, VA 22554

Hours of Operation

- Monday – Thursday - 11am - 4pm
- 2nd & 4th Saturdays - 10am - 12pm

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