

# TEFAP Frequently Asked Questions

## What is the purpose of the TEFAP form?

Every person receiving USDA food is protected by civil rights. TEFAP forms remind participants of these rights and how to file a complaint. TEFAP forms ensure USDA food is supplied equitably in each county and to people in need who live in Nebraska.

## I haven't had to complete this form before. Why now?

This form was completed verbally during the COVID-19 Public Health Emergency. When the federal health emergency ended in May 2023, we returned to the paper version.

## Who needs to fill out this form?

Any person receiving TEFAP food at a mobile distribution or pantry will be asked to complete this form.

## Can I still get food if I do not want to complete this form? Or, if my income is higher than the amount listed?

Yes, if you are at a Food Bank distribution, you will leave with food. If you choose not to complete this form—or if your income is higher than the amount listed—you will be served food that does not come from the USDA.

## Do I need to fill out this form each time I receive food?

Yes. A new form needs to be completed each time USDA food is received.

## What information does this form collect?

The form asks for your address, household size, if there are children in the household, date and signature.

This form will never ask for your social security number, date of birth or other sensitive information.

## Do I need to bring an ID, pay stub, tax document or other paperwork?

No. We will never ask you for an ID, pay stub or any other document.

## Who will see my information?

Food Bank staff members and volunteers may see your information while helping at the distribution. Staff members, volunteers or auditors who see these forms will not share your information. They will have completed USDA Civil Rights training.

## What will you do with my information?

Your information will not be used or shared. The Food Bank of Lincoln will store forms in a secure location. Forms will only be reviewed if the USDA or Nebraska Department of Health & Human Services checks the Food Bank of Lincoln's compliance with this policy. Forms will be shredded after three years.

## I am picking up food for someone else or want someone else to pick up food for me. What do I do?

Anyone who cannot complete this form in-person will need to complete a proxy form in advance. Only one proxy form per vehicle is allowed. Text messages and notes will no longer be accepted. Proxy forms can be found at [lincolnfoodbank.org](http://lincolnfoodbank.org).

If you have any additional questions, please call us at 402.466.8170.



1221 Kingbird Road  
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402.466.8170 | [lincolnfoodbank.org](http://lincolnfoodbank.org)  
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# A message from the Food Bank of Lincoln

Hi, neighbor,

Some food supplied by the Food Bank of Lincoln comes from the federal government through a program called The Emergency Food Assistance Program (TEFAP). This program is part of the United States Department of Agriculture (USDA). **Neighbors receiving USDA food will be asked to complete the TEFAP form.**

## Sample TEFAP Form:

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Division of Children and Family Services

The Emergency Food Assistance Program(TEFAP)

I, the undersigned, agree to indemnify and hold harmless this Agent and the State of Nebraska, their Departments, officers, agencies, and employees, from any and all claims, demands, damages costs, expenses, actions, and causes of action out of any act or occurrence pertaining to the issuance and acceptance of the USDA donated food items.

I further certify that my household's current gross income is equal to or below the Current Monthly Income amounts, or that I am participating in one of the following: SNAP, ADC, State Supplemental (AABD), Energy, Medical only, State Disability, or Refugee Program.

Monthly Income (180% of the Federal Poverty Level)

Household Size	Monthly Income Amount	Household Size	
1	\$2,187	6	\$6,042
2	\$2,958	7	\$6,813
3	\$3,729	8	\$7,584
4	\$4,500	Each additional household member	Add \$771
5	\$5,271		

**Please complete the following information:**

Household Size: \_\_\_\_\_ Children under the age of 18 in the household? ☐ Yes ☐ No

Address: \_\_\_\_\_

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 (including gender identification and sexual orientation), 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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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](mailto:program.intake@usda.gov).

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_