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)

Eligibility to Take Food Home

I, the undersigned, agree to indemnify and hold harmless this Agentand 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 occurrencepertaining to the issuance and acceptance of the USDA donated fooditems.

I further certify that my household's current gross income is equalto or below the current monthly income amounts or that I am participating in one of the following: Supplemental Nutrition Assistance Program (SNAP), Aid to Dependent Children (ADC), Aid to the Aged, Blind, and Disabled (AABD), Low Income Home Energy Assistance Program (LIHEAP), Medical only, State Disability, or Refugee Resettlement Program (RRP).

Monthly Income (180% of the Federal Poverty Level)

Household Size	Monthly Income Amount	Household Size	Monthly Income Amount
1	$2,394	6	$6,654
2	$3,246	7	$7,506
3	$4,098	8	$8,358
4	$4,950	Each additional household member	Add $852
5	$5,802		

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, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, gender, 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/ad-3027.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 .

This institution is an equal opportunity provider.

Signature: _____ Date: _____