



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
 THE EMERGENCY FOOD ASSISTANCE PROGRAM

APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 2

FOOD PANTRY NAME	DISTRIBUTION MONTH AND YEAR
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I CERTIFY WITH MY SIGNATURE:

- I have reviewed The Emergency Food Assistance Program eligibility criteria sheet (FD-15A-Part 1).
- All household members receive some form of public assistance or have a combined monthly gross income that does not exceed the income guidelines shown on the eligibility criteria sheet.
- All members of my household are residents of Missouri.
- Members of my household have not received TEFAP foods during the current month.

I UNDERSTAND:

- I may be prosecuted under current laws for accepting food for which I am not eligible.
- TEFAP foods may not be sold, traded, given away or otherwise diverted from my household's use.

HH SIZE	RECIPIENT SIGNATURE	STREET ADDRESS	CITY	DATE	PANTRY CERTIFICATION		
					APPROVED		DENIED
					PA	NPA	

This institution is an equal opportunity provider.
 (The full USDA civil rights nondiscrimination statement can be found on the TEFAP eligibility sheet FD-15A-Part 1)