



Good Life. Great Mission.

DEPT. 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 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 commodity items.

I further certify that my household's current gross income is equal to or below the following amounts, or that I am participating in one of the following: SNAP, ADC, State Supplemental (AABD), Energy, Medical only, State Disability, or Refugee program. I understand that if I provide incorrect information to obtain these food items, my household may be permanently suspended from this program. I also understand that, if eligible, my household can only receive these items once a month.

Table with 5 columns: Size of Household, Current Monthly Income, Size of Household, Current Monthly Income, and For each additional household member add \$ 648.00. Rows show income thresholds for household sizes 1 through 6.

Table with 5 columns: Signature, Address, No. in Household, Month, Year. This is a form for recording household information.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-2600 (voice and TTY). This institution is an equal opportunity provider.

FDP-105 Rev. 5/18 (54004)
(Previous version should NOT be used)



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