

Covenant Cupboard Food Pantry Enrollment (Please Print. Complete all topics highlighted in yellow.)

Last Name				First Name						
Street # and name				Apt #	City			ZIP Code	Verified by	Date
County				Telephone				Notes		
List yourself and all others living in your household below List yourself first.										
Last Name	First Name			Birth Date	Sex	Ethnicity	Race	Relationship	Verified by	Date
1								<i>self</i>		
2										
3										
4										
5										
6										
7										
8										
9										
Check services you receive:		I certify with my signature that I am a resident of the service area of this agency, all household members receive some form of public assistance or have a gross monthly income that does not exceed the guidelines shown to me by the Covenant Cupboard volunteer, and members of my household have not received TEFAP foods during the current month.				<p>Nondiscrimination Statement</p> <p>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.</p> <p>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.</p> <p>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 you completed form or letter to USDA by:</p> <ol style="list-style-type: none"> 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) 696-7442; or 3. email: program.intake@usda.gov <p>This institution is an equal opportunity provider.</p>				
AB	Aid to Blind									
AND	Aid to Disabled									
TANF	Temporary Family Aid									
LEAP	Heating Aid									
OAP	Old Aid Pension									
SNAP	Food Stamps									
SSDI	Social Service Disability	Client Signature:			Date					
		Volunteer Signature:			Choice shop					