



The Emergency Food Assistance Program (TEFAP)

### Participant Agreement, Rights, Obligations, and Fair Hearing Request

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge. Program officials may verify information on this form.
2. Program benefits are provided in connection with the receipt of federal assistance. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and federal law.
3. I may appeal any decision made by the contracting entity (food bank) or distribution site regarding my eligibility for this program. I can submit a request for a fair hearing to the distribution site.
4. I understand that I may not receive USDA Foods at more than one distribution site unless granted permission from the food bank that administers TEFAP in my service area.
5. I understand that if I choose to send an alternate person (a proxy) to pick up my food, that person must be listed as an alternate on my Household Application for USDA Foods.
6. I understand that the food provided by this program is intended for the members of the eligible household.
7. I understand that I must not sell or exchange USDA Foods for nonfood items.
8. I consent to the release of information to TEFAP staff, which includes officials of United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
9. Program staff have advised me of my rights and obligations under this program.
10. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex or disability.
11. I understand that I have the right to request a fair hearing of the denial or termination of benefits through an administrative review of the adverse action. A request for a fair hearing can be submitted to the food bank or distribution site.
12. I have read this form, or the form has been read to me.
13. I understand that I must not physically abuse or threaten to physically abuse program staff.

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.

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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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) 6329992. 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).

This institution is an equal opportunity provider.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_