



MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

Mid Cumberland Community Action Agency The Emergency Food Assistance Program

Site

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. This institution is an equal opportunity provider.

Name: _____

Number in Household: _____

Address: _____ City: _____ Zip: _____

IF SOMEONE ELSE WILL BE PICKING UP YOUR COMMODITIES

I am authorizing _____ to pick up my commodities.

Signature: _____ Date: ____/____/____

SELF-DECLARED INCOME: _____ PROGRAM CODE: _____

PLEASE UTILIZE THE FOLLOWING PROGRAM CODES WHEN DETERMINING
ELIGIBILITY BY MEANS-TESTED PROGRAMS:

SN AP (FOOD STAMPS)

FF (FAMILIES FIRST)

SSI (SUPPLEMENTAL SECURITY INCOME)

LP (LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

PH (RESIDENCE IN PUBLIC HOUSING)

APPLICANTS - PLEASE READ: I certify with my signature that my monthly gross household income is true and correct my household resides in Tennessee, and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. The USDA foods I receive may not be sold, exchanged, or used inappropriately.

Applicant Signature: _____ Date: _____

MCCAA Staff: _____ Date: _____

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