

# EMERGENCY FOOD REGISTRATION FORM 2026

## Intake Information

Clients must be residents of the State of New Jersey

Revision date 2-2026

Date: \_\_\_\_\_ LDA \_\_\_\_\_ EFO \_\_\_\_\_

Name (Print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Town & zip code (required): \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children under 18 in household: \_\_\_\_\_

### QUALIFYING REASON (PLEASE CIRCLE)

*A participant in one or more local state or federal programs at or below the income threshold established by the state agency for TEFAP eligibility will automatically qualify for TEFAP USDA Foods.*

1. **SELF DECLARATION - LOW INCOME (185% of poverty)**
2. **Existing Local, State or Federal Program participant (example – WIC)**
3. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: \_\_\_\_\_

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever and accept the food products “as is” and at my own risk.

“I certify that my total yearly gross household income is at or below 185% of the poverty level, OR that my household participates in the program(s) that I have circled above. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP USDA foods.”

CLIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Providing your address is optional, however any information you provide us with will help us to better serve you.

Street Address: \_\_\_\_\_

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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