## North Carolina Department of Agriculture and Consumer Services Food Distribution Division

## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) PROXY AUTHORIZATION

Name of Food Bank/Food Pantry/Distribution Site:
Participant's Name:
Participant's Residence (county and state only):
Number of people living in participant's household:
Does participant receive FNS benefits? ☐Yes ☐ No
Household monthly gross income: \$
I authorize the following person(s) to pick up food for me from this TEFAP distribution site:
Proxy full name:
Proxy full name:
Participant's Signature: Date:

\*PROXY AUTHORIZATION PERIOD IS VALID <u>OCTOBER 1<sup>st</sup> -SEPTEMBER 30<sup>th</sup> AND MUST BE</u> RENEWED ANNUALLY WITH THE UPDATED INCOME ELIGIBILITY GUIDELINES\*

TEFAP participants can update their information and/or change their designated proxies anytime during the year.

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To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</a>, 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:

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

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