

Authorized Representative
THE EMERGENCY FOOD ASSISTANCE PROGRAM
 Food and Nutrition Division



Agency: _____

County: _____ **Agency Address:** _____

AUTHORIZED REPRESENTATIVE STATEMENT – PLEASE PRINT

This authorization is necessary when a recipient becomes unable to pick up food due to a condition, or when work hour's conflict with the scheduled distribution hours for outlets in their servicing area. The recipient should complete this form including the authorized representative area.

RECIPIENT'S NAME	ADDRESS	CITY	STATE	ZIP

HOUSEHOLD SIZE	REASON FOR AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE NAME	ADDRESS	CITY	STATE	ZIP

Willful diversion of USDA Commodities for personal gain is a state and federal offense, subject to a fine of up to \$10,000 and/or imprisonment up to 5 years. USDA products cannot be sold, traded or bartered.

I CERTIFY WITH MY SIGNATURE THAT MY MAXIMUM INCOME FOR RECEIPT OF USDA COMMODITIES AND OTHER ITEMS DOES NOT EXCEED THE AMOUNT LISTED BELOW:

Household Size	Maximum Weekly Household Income	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$454	\$1,968	\$23,606
2	\$614	\$2,658	\$31,894
3	\$773	\$3,349	\$40,182
4	\$933	\$4,040	\$48,470
For each additional family member, add	\$160	\$691	\$8,288

My household income does not exceed these established limits. I will use any food received for my household only. I release the USDA, the State of Nevada and any agency or person distributing this food from all liabilities resulting from my acceptance of this food.

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, religion, sex, gender

NDA is an equal opportunity provider

405 South 21st St.
 Sparks, NV 89431

2300 East St. Louis Ave.
 Las Vegas, NV 89104

4780 East Idaho St.
 Elko, NV 89801



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identity (including gender expression), sexual orientation, 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, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

I also certify I am aware that selling, exchanging, fraud or abuse of the TEFAP Commodity Program is subject to Federal prosecution under Section 12G of the National School Lunch Act.

Signature: _____ Date: _____

Verified By: _____

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

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