

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|---|--|---------|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | | | |
| 1. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | | |

This institution is an equal opportunity provider.

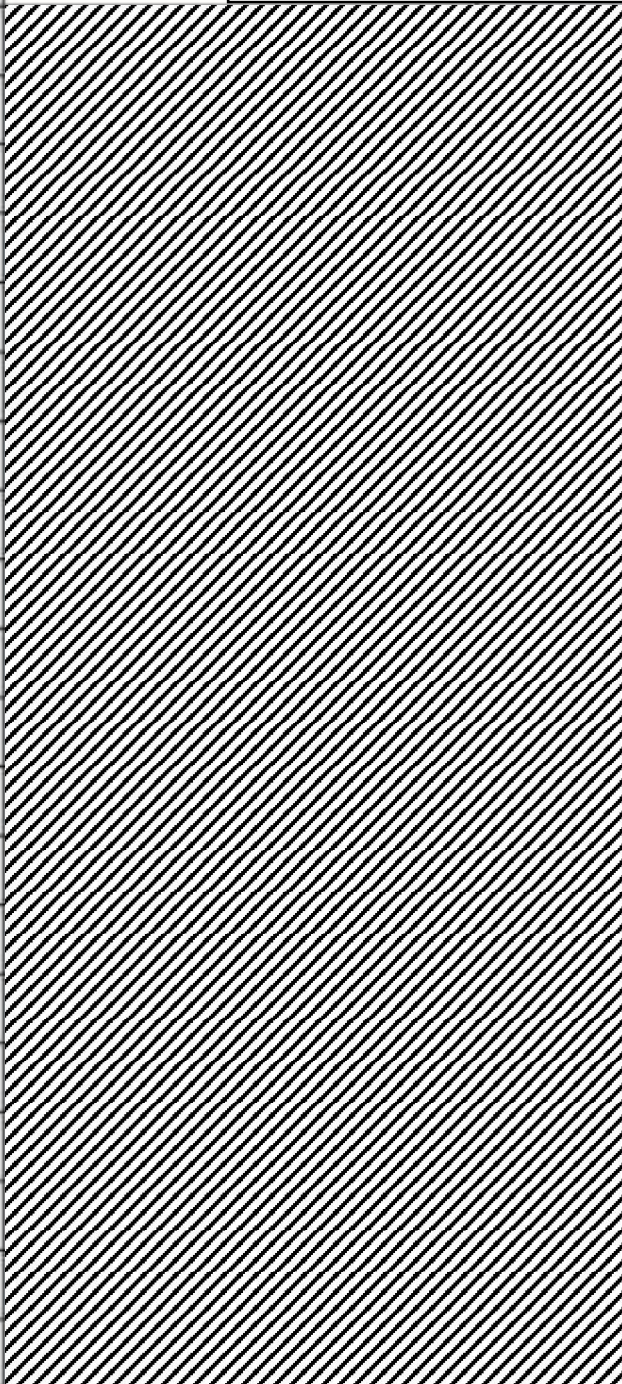
COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|--|---|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: <input type="text"/> | | | | | |
| 1. |  | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

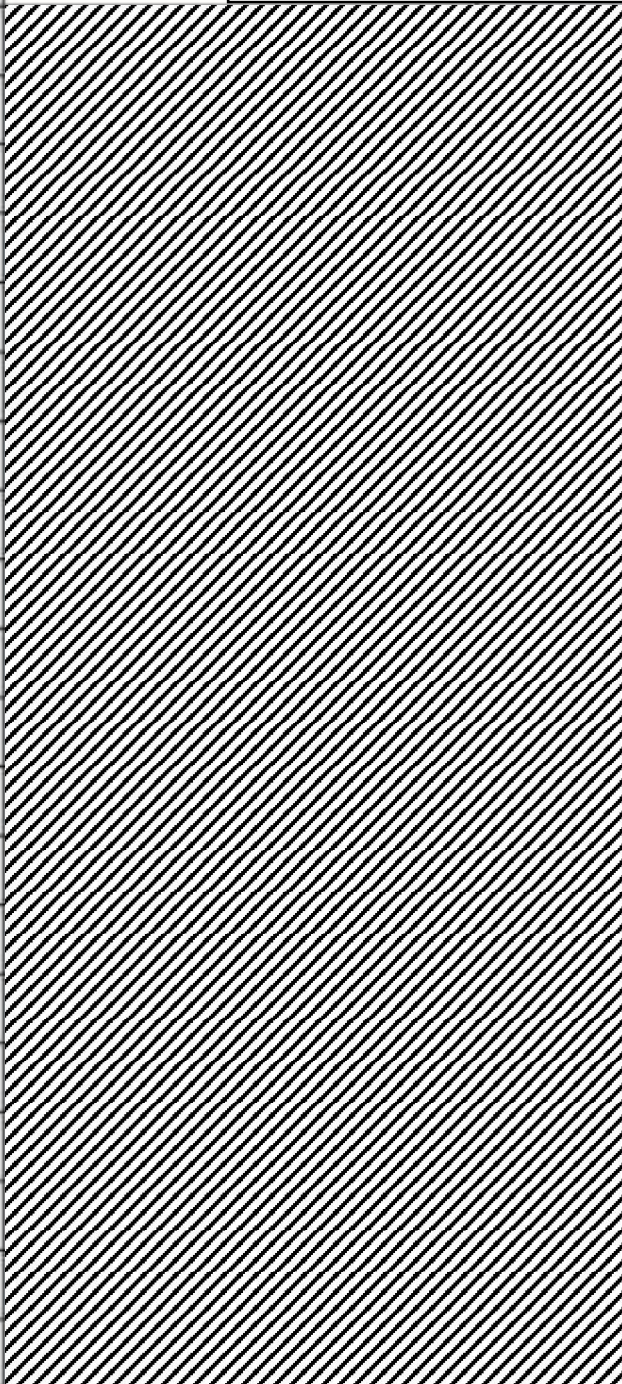
COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|--|---|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: <input type="text"/> | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. |  | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | <input type="checkbox"/> | <input type="checkbox"/> |

This institution is an equal opportunity provider.

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|---|---------|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

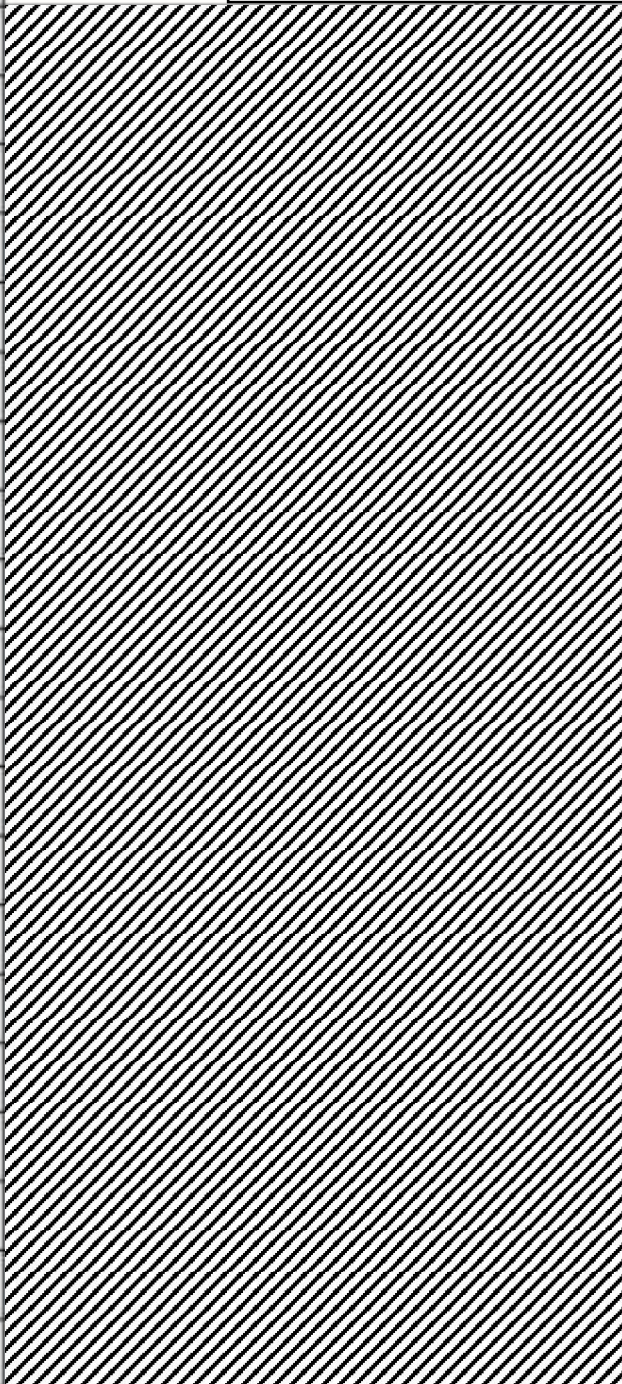
COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|--|---|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: <input type="text"/> | | | | | |
| 1. |  | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|---|---------|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

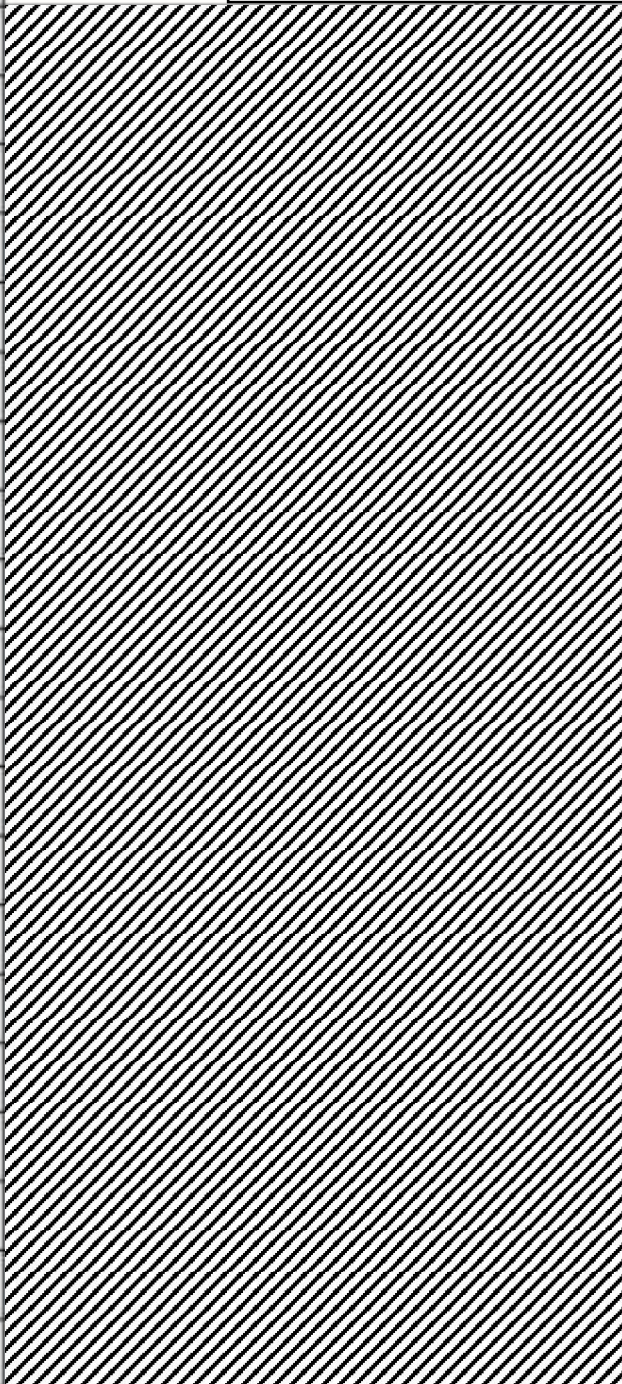
COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|--|---|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: <input type="text"/> | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. |  | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | <input type="checkbox"/> | <input type="checkbox"/> |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|---|---------|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.

COVID-19

CERTIFICACIÓN

Certifico bajo pena de perjurio que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia Alimentaria de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

| Firma | Dirección | Código postal | # de personas en el hogar | ¿Es la primera vez que recibe comida de USDA este mes en este condado? | |
|---|-----------|---------------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| TOTAL: **Para el # de personas en el hogar, cuente solamente los Sí** | | | | | |

Esta institución es proveedora de oportunidades equitativas.

COVID-19

State of California – Health and Human Services Agency

California Department of Social Services

CERTIFICATION

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

| Signature | Address | Zip Code | # of Persons in Household | Is this your first time receiving USDA food this month in this county? | |
|---|---------|----------|---------------------------|--|-----------------------------|
| Name of volunteer/staff completing this page: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOTAL: **For # of people in Household, count only YES** | | | | | |

This institution is an equal opportunity provider.