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DEPARTMENT OF SOCIAL SERVICES
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GOVERNOR

April 20, 2009

EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP)
POLICY NOTICE 09-02

TO: ALL FOOD BANK EXECUTIVE DIRECTORS

SUBJECT: NEW 2009 ALTERNATE PICK-UP FORM

The Emergency Food Assistance Program (EFAP) is pleased to announce the new 2009 Alternate Pick-Up Request form. This form reflects the recently issued 2009 Income Eligibility Guidelines and allows an eligible recipient's commodities to be picked up by another person.

If an eligible recipient is unable to pick up their own EFAP commodities, an alternate person must provide the distribution site with the Alternate Pick-Up form, signed by the eligible recipient, to authorize the pick-up. In addition, the alternate must sign their name as well as the recipient's name on the EFA-7 sign-in sheet. If an alternate does not bring the Alternate Pick-up form to the site, a note from the recipient authorizing pick up will suffice. The note must include the following:

- Date
- Statement authorizing the pick-up of commodities by the alternate
- Alternate's name
- Statement that the recipient is income eligible
- Recipient's signature, address, and household size

All Alternate Pick-Up Forms and notes must be attached to the corresponding EFA-7 to be maintained on file. The new form is attached and has been condensed to one page, half-sheet versions, in English and Spanish. If you have any questions regarding the new guidelines, please contact your EFAP Program Consultant or call (916) 229-3344.

Sincerely,

Sonny Olaso, Program Manager
Emergency Food Assistance Program

Attachments

Alternate Pick-up Request Form
Emergency Food Assistance Program

DATE: _____

Authorization:

I hereby authorize _____
to pick up my United States Department of
Agriculture (USDA) Emergency Food
Assistance Program (EFAP) commodities
as I am unable to do so.

Certification:

I certify under penalty of perjury that my household income for the past 30 days does not exceed the Emergency Food Assistance Program's (EFAP) monthly guidelines, or for the past twelve months does not exceed the annual guidelines 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.

EFAP MAXIMUM INCOME

| HOUSEHOLD SIZE | MONTHLY HOUSEHOLD INCOME | ANNUAL HOUSEHOLD INCOME |
|----------------|--------------------------|-------------------------|
| 1 | \$1,354 | \$16,245 |
| 2 | \$1,821 | \$21,855 |
| 3 | \$2,289 | \$27,465 |
| 4 | \$2,756 | \$33,075 |
| 5 | \$3,224 | \$38,685 |
| 6 | \$3,691 | \$44,295 |
| 7 | \$4,159 | \$49,905 |
| 8 | \$4,626 | \$55,515 |
| 9 | \$5,094 | \$61,125 |
| 10 | \$5,561 | \$66,735 |
| Over 10 | Add \$468 each | Add \$5610 each |
| | | Revised 04/09 |

| SIGNATURE | ADDRESS | ZIP CODE | Number of people in household |
|-----------|---------|----------|-------------------------------|
| | | | |

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Alternate Pick-up Request Form
Emergency Food Assistance Program

FECHA: _____

Autorización:

Autorizo por este medio a _____ recoger mis materias del Programa de Emergencia para Ayuda Alimenticia del Ministerio de Agricultura de Estados Unidos pues soy incapaz de hacerlo.

Certificacion:

Certifico bajo pena de perjurio que durante los ultimos 30 dias los ingresos de mi hogar no excedieron las normas mensuales fijadas por el Programa de Asistencia para Recibir Alimentos en Caso de Emergencia (EFAP), y los doce meses pasados no excedi las normas escrito de mi familia es verdarero y corecto. Estas comodidades son para el uso personal en mi hogar y no para vender, cambiar, o regalar.

EFAP MAXIMUM INCOME

| PERSONAS | INGRESO MAXIMO MENSUAL | INGERSO MAXIMO ANNUAL |
|-----------|------------------------|-----------------------|
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| 7 | \$4,159 | \$49,905 |
| 8 | \$4,626 | \$55,515 |
| 9 | \$5,094 | \$61,125 |
| 10 | \$5,561 | \$66,735 |
| Encima 10 | Plus \$468 Cada Uno | Plus \$5610 Cada Uno |
| | | Revised 04/09 |

| Firma | Direccion | Codigo Postal | Numero de personas en el hogar |
|-------|-----------|---------------|--------------------------------|
| | | | |

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Emergency Food Assistance Program

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