

TEFAP and SFPP Participant Signature Waiver due to COVID-19 (Novel Coronavirus)

Effective March 11, 2020 through June 30, 2022, out of an abundance of caution due to concerns over the spread of COVID-19, this plan will be temporarily modified to waive the signature requirement. Instead, during this period of time, TEFAP and SFPP Counties, Lead Agencies, and Recipient Agencies will adhere to the following procedure.

1. *Read the following authorization to the client: “Do you agree to give me (insert staff name) permission to sign your TEFAP/SFPP Self-Declaration of Need form on your behalf? Please indicate yes or no.”*
2. *If the client authorizes the staff member to sign, the staff member should read the following statements provided on the form to the client and ensure that the client is aware that if they allow the staff member to sign on their behalf, they (the client) are attesting or certifying to the truth of the information provided.*

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

3. *The staff member will sign their own name on the signature line of the application, then write: “Signature Authorized by (client name) (via phone or in-person) on (date/time).”*

NEW PROXY PROCESS. *Additionally, during this period, participants can authorize a new proxy simply by sending a note with the “new” proxy or by calling the lead agency/food bank/food pantry to provide the name of the new person they are authorizing to pick up their food during this.*

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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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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