



## Client Application Process

### Sub-Agency:

When a new client is applying to receive USDA Foods from a sub-agency, certain steps must be taken in order to ensure eligibility and confidentiality. The initial intake process begins by a representative of the sub-agency leading the client away from the crowd and into an area where confidentiality can be ensured. The client is then directed to complete the H1555 form. The client can also be asked to complete other forms by the sub-agency, but these forms do not determine eligibility for the TEFAP program. Upon completing the H1555 form, a representative of the sub-agency will ensure that the form is filled out completely and correctly. The representative of the sub-agency will then check the information provided on the H1555 against the TEFAP Income Eligibility Guidelines to determine if the client is eligible to receive USDA foods. If the client meets the criteria, the application process is complete.

If the client is ineligible through the TEFAP Income Eligibility Guidelines, a representative of the sub-agency must then determine if there is a Temporary Crisis Food Need. The client is given the opportunity to explain why their household is in need of a Temporary Crisis Food Need. The client is then certified to receive USDA foods for 6 months. At the 6 month mark, their eligibility is reevaluated.

If the client does not meet the Income Eligibility Guidelines and there is no Temporary Crisis Food Need, the client is then given a letter of denial explaining the appeal process of the sub-agency.

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## Sub-Agency Denial Letter Template

(Insert Date)

Dear Prospective Client,

Upon review of your H1555 application to The Emergency Food Assistance Program, your application has been denied. The income that you provided was over the allowable amount.

If you do not agree with the decision, you may discuss it further with our (Name of contact or board) at (Contact Number). You also have the right to a fair hearing. To request a fair hearing, call or write the following official:

(Name of Site Official, Title of Site Official)  
(Mailing Address)  
(Contact Number)

You may reapply for the program at any time if there is a decrease in income, become unemployed, have an increase in household size, or qualify for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), National School Lunch Program (NSLP), or Medicaid.

Respectfully,

(Signature of Reviewing Official)

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