

## Eligibility to Take Food Home

I, the undersigned, agree to indemnify and hold harmless this Agent and the State of Nebraska, their Departments, officers, agencies, and employees from any and all claims, demands, damages costs, expenses, actions, and causes of action out of any act or occurrence pertaining to the issuance and acceptance of the USDA donated food items.

I further certify that my household's current gross income is equal to or below the current monthly income amounts or that I am participating in one of the following: Supplemental Nutrition Assistance Program (SNAP), Aid to Dependent Children (ADC), Aid to the Aged, Blind, and Disabled (AABD), Low Income Home Energy Assistance Program (LIHEAP), Medical only, State Disability, or Refugee Resettlement Program (RRP).

## Monthly Income (180% of the Federal Poverty Level)

Household Size	Monthly Income Amount	Household Size	Monthly Income Amount
1	\$2,348	6	\$6,473
2	\$3,173	7	\$7,298
3	\$3,998	8	\$8,123
4	\$4,823	Each additional household member	Add \$825
5	\$5,648		

## Please complete the following information:

Household Size: \_\_\_\_\_ Children under the age of 18 in the household? ☐ Yes ☐ No

Address: \_\_\_\_\_

In accordance with Federal Civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, gender, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_