

LONG ISLAND CARES, INC.  
THE HARRY CHAPIN FOOD BANK  
FIRST STOP PANTRY  
10 DAVIDS DRIVE  
HAUPPAUGE, NY 11788

SITE NAME: \_\_\_\_\_  
SITE LOCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNIVERSAL ENTITLEMENT FORM  
(USDA TEFAP Commodities)**

**Food Pantry Clients Only**

To be completed by applicant:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ NY, ZIP CODE: \_\_\_\_\_

ELIGIBLE BY REASON OF (Please check one):

- receiving of public assistance
- eligible for private or government unemployment benefits
- eligible for Supplemental Security Income
- eligible to participate in the Home Energy Assistance Program
- the family or individual is known to the Distribution Site and the Distribution Site reasonably believes the family or individual in need and would benefit from the foods distributed
- is homeless or destitute and willing to consume food at a congregate site

I, the undersigned, verify that I am in need of food and meet the eligibility requirements for the participation in the USDA TEFAP Commodities Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The distribution site representative verifies that the above recipient is in need and will benefit from the foods distributed.

\_\_\_\_\_  
SIGNATURE OF DISTRIBUTION SITE REPRESENTATIVE