



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
THE EMERGENCY FOOD ASSISTANCE PROGRAM  
**APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 2**

FOOD PANTRY NAME	DISTRIBUTION MONTH AND YEAR
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**PANTRY STAFF MUST ENSURE:**

- The recipient has read and understands the Application for Receipt of USDA Foods - FD-15A - Part 1.
- All verification is self-declaration.

HH SIZE	RECIPIENT NAME	COUNTY or ZIP CODE	DATE	PANTRY CERTIFICATION		
				APPROVED		DENIED
				PA	NPA/ INCOME	

This institution is an equal opportunity provider.  
(The full USDA civil rights nondiscrimination statement can be found on the TEFAP eligibility sheet FD-15A-Part 1)