



**WRITTEN NOTIFICATION OF BENEFICIARY RIGHTS**

**The Emergency Food Assistance Program (TEFAP) -  
Written Notice of Beneficiary Rights**

Name of Food Pantry /  
Soup Kitchen / Shelter: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that --

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in TEFAP or receive services from TEFAP, as required by 7 CFR part 16.

**For Alternate service Location(s) Complete Referral Request or Contact:**

Foodbank Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_