

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Food Distribution Program

**FOOD DISTRIBUTION
PROGRAM PARTICIPATION**

Form Completed By: _____

Department: _____

Phone: _____ FAX: _____

Email: _____

To: Nutrition Assistance Program Food Distribution Program	From: Nutrition Assistance Program Food Distribution Program
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Head of Household _____

Household Address (No., Street) _____

City _____ State _____ ZIP Code _____

Household Members _____

Certification Period _____ Beginning _____ Ending _____

Termination Date Effective _____ New Eligibility Date _____

Census Number/Tribal Enrollment Number _____ Commodities Last Issued _____

Soc. Sec. Number _____ Date Nutrition Assistance Last Issued _____

I HEREBY CERTIFY THE ABOVE INFORMATION

Participant Signature _____ Date _____

Food Distribution Representative's Signature _____ Date _____

Department of Economic Security Representative's Signature _____ Date _____

All programs of the U.S. Department of Agriculture are available to everyone without regard to age, race, creed, color, sex, national origin, handicap, or political belief.

Original – Originating Program, Copy – Participant, Copy – Alternative Program

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