



**Office of Community Services (OCS)  
Department of Labor and Industrial Relations  
State of Hawaii**

**The Emergency Food Assistance Program (TEFAP)  
Written Notice of Beneficiary Rights and Referral Request Form**

<b>Name of Organization:</b> _____	<b>Date of Request:</b> _____
<b>Program Staff Contact Information:</b> Name: _____ Phone Number: _____ Email Address: _____	<b>Participant Contact Information:</b> Name: _____ Phone Number: _____ Email Address: _____

Because this program 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 we offer, 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 (<https://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 our program or receive services from the program, as required by 7 CFR part 16.

If you object to receiving services from our organization based on its religious character, please complete this form and return it to the program contact identified above. Your use of this form is voluntary. 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.

Please check here, if you would like to be referred to another service provider.

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

<p><b>FOR STAFF USE ONLY: (SUBMIT COPY TO FOOD BANK)</b></p> <p>Referral (check one):</p> <p><input type="checkbox"/> Individual was referred to (name of alternate provider and contact information):</p> <p><input type="checkbox"/> Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)</p> <p><input type="checkbox"/> Individual left without a referral</p> <p><input type="checkbox"/> No alternate service provider is available—summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency).</p>
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**This Institution is an Equal Opportunity Provider**