

The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form

Distribution Date _____ Distribution Site:

Name: _____

Address _____

Phone Number _____

Number of people in household: _____

County: _____

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Household size	Monthly income	Weekly income
1	\$1,396	\$322
2	\$1,888	\$435
3	\$2,379	\$549
4	\$2,871	\$662
5	\$3,363	\$776
6	\$3,855	\$889
7	\$4,347	\$1,003
8	\$4,839	\$1,116
Each add'l member	add \$492	add \$ 120

I certify that my gross household income is **at or below the income** listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

(Signature of Head of Household) _____
(Date)

Authorized Representative:

I hereby authorize _____
(Please Print)

to pick up food for my household.

Signature of Head of Household _____
Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.