



TEFAP

Surplus Product Distribution ONLY

Distributing Agency Name _____

I CERTIFY WITH MY SIGNATURE that I am a resident of the service area of this agency and all household members meet current eligibility guidelines. I UNDERSTAND that I may be prosecuted under current laws for accepting food for which I am not eligible and the food I receive may not be sold, exchanged, or otherwise diverted from my household's use.

Household Size		Recipient Name Print and Sign	Street Address, City and Zip	Phone #	Date	Certification		
Adult	Child					Approved		Denied
						PA	AI	

FORM INSTRUCTIONS

Agency staff must complete the lines for agency name and certify the household as Approved Public Assistance (PA), Approved Income (AI), or Denied.

The head of household (or authorized representative) will print their name and sign one row on the front of this form and complete the following: Household size, street address, city, phone (if applicable) and date.

A household may meet TEFAP income-based standards in either of the following two ways:

1. Participate in one of these public assistance programs (PA).

- | | |
|--|---|
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Aid to Needy Disabled (AND) |
| <input type="checkbox"/> SNAP (formerly Food Stamps) | <input type="checkbox"/> Aid to the Blind (AB) |
| <input type="checkbox"/> Low-income Energy Assistance Program (LEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Medicaid Eligible Foster Children |
| <input type="checkbox"/> Old Age Pension (OAP) | |

2. If the household does not participate in any of the above public assistance programs, the household must have a combined gross income that does not exceed the maximum income limit for the applicable household size. (AI)

2020 Income Eligibility Guidelines

Household Size	Maximum Weekly Household Income	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$490.77	\$2,126.67	\$25,520
2	\$663.08	\$2,873.33	\$34,480
3	\$835.38	\$3,620.00	\$43,440
4	\$1,007.69	\$4,366.67	\$52,400
5	\$1,180.00	\$5,113.33	\$61,360
6	\$1,352.31	\$5,860.00	\$70,320
7	\$1,524.62	\$6,606.67	\$79,280
8	\$1,696.92	\$7,353.33	\$88,240
For each additional family member, add	\$172.31	\$746.67	\$8,960

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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.

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