



TEFAP Eligibility Application

_____ Distribution Site Name

I CERTIFY WITH MY SIGNATURE that I am a resident of the service area of this agency, all household members receive some form of public assistance or have a combined gross monthly income that does not exceed the guidelines on the reverse side of this form, and members of my household have not received TEFAP foods during the current month.

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	

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)

2021 Income Eligibility Guidelines

Household Size	Maximum Weekly Household Income	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$ 495	\$ 2,147	\$ 25,760
2	\$ 670	\$ 2,903	\$ 34,840
3	\$ 845	\$ 3,660	\$ 43,920
4	\$ 1,019	\$ 4,417	\$ 53,000
5	\$ 1,194	\$ 5,173	\$ 62,080
6	\$ 1,368	\$ 5,930	\$ 71,160
7	\$ 1,543	\$ 6,687	\$ 80,240
8	\$ 1,718	\$ 7,443	\$ 89,320
For each additional family member, add	\$ 175	\$ 757	\$ 9,080

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- (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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