

TEFAP Eligibility Application

Distribution Site Name

I CERTIFY WITH MY SIGNATURE that I currently reside in the state of Colorado, that 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.

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 | | Doniniant Name | S | | | Certificati Approved | | |
|-------------------|-------|----------------------------------|---------------------------------|---------|------|-------------------------|----|--------|
| Adult | Child | Recipient Name Print and Sign | Street Address, City and Zip | Phone # | Date | PA | Al | Denied |
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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). | |
|---|-------------------------------------|
| ☐ Commodity Supplemental Food Program (CSFP) | ☐ Aid to Needy Disabled (AND) |
| SNAP (formerly Food Stamps) | Aid to the Blind (AB) |
| Low-income Energy Assistance Program (LEAP) | Supplemental Security Income (SSI) |
| ☐ Temporary Assistance to Needy Families (TANF) | ☐ Medicaid Eligible Foster Children |
| 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. (Al)

2022 Income Eligibility Guidelines

| LOLL INCOME LIGIDITY CARACTERS | | | | | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|--|
| Household Size | Maximum Weekly Household Income | Maximum Monthly Household Income | Maximum Annual Household Income | | | | | |
| 1 | \$522.69 | \$ 2,265.00 | \$ 27,180.00 | | | | | |
| 2 | \$704.23 | \$ 3,051.67 | \$ 36,620.00 | | | | | |
| 3 | \$885.77 | \$ 3,838.33 | \$ 46,060.00 | | | | | |
| 4 | \$1,067.31 | \$ 4,625.00 | \$ 55,500.00 | | | | | |
| 5 | \$1,248.85 | \$ 5,411.67 | \$ 64,940.00 | | | | | |
| 6 | \$1,430.38 | \$ 6,198.33 | \$ 74,380.00 | | | | | |
| 7 | \$1,611.92 | \$ 6,985.00 | \$ 83,820.00 | | | | | |
| 8 | \$1,793.46 | \$ 7,771.67 | \$ 93,260.00 | | | | | |
| For each additional family member, add | \$181.54 | \$ 786.67 | \$ 9,440.00 | | | | | |

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or

(3) email: <u>program.intake@usda.gov</u>

This institution is an equal opportunity provider.