

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 complete the following on the front of this form: Name (printed legibly), household size, zip code of residence, phone number, 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).

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| <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)

2024 Income Eligibility Guidelines

Household Size	Maximum Weekly Household Income	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$579.23	\$ 2,510.00	\$ 30,120.00
2	\$786.15	\$ 3,406.67	\$ 40,880.00
3	\$993.08	\$ 4,303.33	\$ 51,640.00
4	\$1,200.00	\$ 5,200.00	\$ 62,400.00
5	\$1,406.92	\$ 6,096.67	\$ 73,160.00
6	\$1,613.85	\$ 6,993.33	\$ 83,920.00
7	\$1,820.77	\$ 7,890.00	\$ 94,680.00
8	\$2,027.69	\$ 8,786.67	\$ 105,440.00
For each additional family member, add	\$206.92	\$ 896.67	\$ 10,760.00

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: program.intake@usda.gov

This institution is an equal opportunity provider.