



Children (0-17) _____
Adults _____
Seniors (60 and up) _____

Bureau of Food Distribution

The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2015 to Jun 30, 2016

Recipient Name _____

Amy Karl
Agency Representative Signature _____ Date _____

Street Address _____ Phone _____

Roxborough Presb'n Church - 1616 - Philadelphia
The Philadelphia Project - 8449 Number. Share

City _____ State _____ Zip _____

8230 Ridge Ave. Phila PA 19128
Distribution Site Location _____

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

| Total Household Income (based on 150% of Poverty) | | | | | |
|---|----|--------|----|---------|----------|
| Household Size | | | | | |
| Circle One | | Annual | | Monthly | Weekly |
| 1 | \$ | 17,655 | \$ | 1,471 | \$ 340 |
| 2 | \$ | 23,895 | \$ | 1,991 | \$ 460 |
| 3 | \$ | 30,135 | \$ | 2,511 | \$ 580 |
| 4 | \$ | 36,375 | \$ | 3,031 | \$ 700 |
| 5 | \$ | 42,615 | \$ | 3,551 | \$ 820 |
| 6 | \$ | 48,855 | \$ | 4,071 | \$ 940 |
| 7 | \$ | 55,095 | \$ | 4,591 | \$ 1,060 |
| 8 | \$ | 61,335 | \$ | 5,111 | \$ 1,180 |
| For each additional family member add: | \$ | 6,240 | \$ | 520 | \$ 120 |

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

Recipient Signature _____

Date _____



Return completed form to the agency that provided it to you.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

**The Emergency Food Assistance Program
Pennsylvania TEFAP Proxy Form**

Date _____

I _____ hereby authorize _____ to pick up my
TEFAP Food Package and deliver it to me.

Client Signature

☐

Proxy Signature

Pantry Representative

☐ Proxy ID Verified