

TEFAP Eligibility Form October 2024 – September 2025

Name:	
Address(Optional):	
County:	
State:	
Number of People in Household:	

<u>Effective October 1, 2024 through September 30, 2025</u> (Household gross income must be at or below for appropriate size household.)			
HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$30,120	\$2,510	\$579
2	\$40,896	\$3,408	\$786
3	\$51,648	\$4,304	\$993
4	\$62,400	\$5,200	\$1200
5	\$73,176	\$6,098	\$1407
6	\$83,928	\$6,994	\$1614
7	\$94,680	\$7,890	\$1821
8	\$105,456	\$8,788	\$2028
EACH ADDITIONAL FAMILY MEMBER	(+\$)10,776	(+\$898)	(+\$)207

The above table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. **OR, if you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps)** you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Please read the following statement carefully, then sign the form and write in today's date.

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

The section below is only for homebound individuals

The following persons are authorized to pick up my food (if applicable):

Authorized Representative:	
Authorized Representative:	

(Client Signature)

(Date)

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, audiotope, 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; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** program.intake@usda.gov This institution is an equal opportunity provider.