

**The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form**

Distribution Date _____

Distribution Site: _____

Name: _____

Zip Code: _____

Number of people in household: _____

OR County _____

Phone Number (for product recalls) _____

# of Household Members	Annual Income 250%	Monthly Income 250%	Weekly Income 250%
1	\$39,900	\$3,325	\$767
2	\$54,100	\$4,508	\$1,040
3	\$68,300	\$5,692	\$1,313
4	\$82,500	\$6,875	\$1,587
5	\$96,700	\$8,058	\$1,860
6	\$110,900	\$9,242	\$2,133
7	\$125,100	\$10,425	\$2,406
8	\$139,300	\$11,608	\$2,679
For each additional household member, add:	\$14,200	\$1,183	\$273

I certify that my gross household income is **at or below the income** listed in the above chart for the number of people in my household. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

(Date)

Authorized Representative (Proxy):

I hereby authorize _____

(Please Print)

to pick up food for my household.

Date : _____

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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/ad-3027.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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

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