

TEFAP Eligibility Application

MUST LIST YOUR SITE'S NAME HERE

Distribution Site Name

I CERTIFY WITH MY SIGNATURE that I am a resident of the service area of this agency, all household members receive some form of public assistance or have a gross monthly income that does not exceed the guidelines on the reverse side of this form, and members of my household have not received TEFAP foods during the current month.

I UNDERSTAND that I may be prosecuted under current laws for accepting food for which I am not eligible and the food received may not be sold, exchanged, or otherwise diverted from my household's use.

Household Size		Recipient Printed Name and Signature	Street Address, City and Zip	Phone #	Date	Certification		
						Approved		Denied
Adult	Child					PA	AI	
2	/	<p style="color: red; text-align: center;">Client's FULL Name</p> <p style="color: red; text-align: center;">Client MUST <u>Sign</u> Their Full name</p>	<p style="color: red;">FULL and <u>COMPLETE</u> Address. Must include address, city and Zip Code! <u>Abbreviations</u> accepted if it is clearly decipherable.</p> <p style="color: red;">If client has a P.O. Box, they must write "Homeless". If they are homeless, they must write "Homeless"</p>	<p style="color: red;">Complete number, INCLUDING full area code— however, phone # is not required</p>	<p style="color: red;">Full date, with day, month AND year</p>	<p style="color: red; text-align: center;">PA, AI, SEE BELOW</p>		

ELIGIBILITY FORM INSTRUCTIONS

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ELIGIBILITY FORM INSTRUCTIONS

- 1) **Household Size:** The client receiving assistance must list the number of adults and children in the household.
- 2) **Recipient Printed Name and Signature:** Client must print **FULL** name **AND** sign. Forms without a signature and name will not be accepted.
- 3) **Street Address, City and Zip:** FULL address must be completed. Client **MUST** list city and STATE. City Abbreviations are acceptable if VERY easily decipherable. Must write "Homeless" if clients does not have a permanent address.
- 4) **Phone #** - Full phone number **INCLUDING** full area code, when possible. Phone numbers are not a requirement.
- 5) **Date:** Full date including day, month AND year. We suggest writing the date in the first column and filling the empty spaces through with an arrow (see example above).
- 6) **Certification:** A household may meet TEFAP income requirements in two ways:
 1. Participate in any of the following public assistance programs **(PA)**. If a client participates in any of the following governmental assistance programs, they are **AUTOMATICALLY** eligible to receive TEFAP.

- | | |
|---|---|
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)
<input type="checkbox"/> SNAP (formerly Food Stamps)
<input type="checkbox"/> Low-income Energy Assistance Program (LEAP)
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Old Age Pension (OAP) | <input type="checkbox"/> Aid to Needy Disabled (AND)
<input type="checkbox"/> Aid to the Blind (AB)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Medicaid Eligible Foster Children |
|---|---|

2.

Income— (AI) 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 sizes. (see below). Clients **SELF-DECLARE** this information. They do **not** need to show any proof of income.

2016-2017 Income Eligibility Guidelines

Household Size	Maximum Weekly Household Income	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$ 423	\$ 1,832	\$ 21,978
2	\$ 570	\$ 2,470	\$ 29,637
3	\$ 718	\$ 3,108	\$ 37,296
4	\$ 865	\$ 3,747	\$ 44,955
5	\$ 1,012	\$ 4,385	\$ 52,614
6	\$ 1,160	\$ 5,023	\$ 60,273
7	\$ 1,307	\$ 5,663	\$ 67,951
8	\$ 1,455	\$ 6,304	\$ 75,647
For each additional family member, add	\$ 148	\$ 642	\$ 7,696