



# TEFAP Eligibility Application

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		
Adult	Child					Approved		Denied
						PA	AI	

## 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 print their name and sign one row on the front of this form and complete the following: Household size, street address, city, phone (if applicable) 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).

- Commodity Supplemental Food Program (CSFP)  
 SNAP (formerly Food Stamps)  
 Low-income Energy Assistance Program (LEAP)  
 Temporary Assistance to Needy Families (TANF)  
 Old Age Pension (OAP)

- Aid to Needy Disabled (AND)  
 Aid to the Blind (AB)  
 Supplemental Security Income (SSI)  
 Medicaid Eligible Foster Children

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)

### 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

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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