

TEFAP Eligibility Form October 1, 2019 – September 30, 2020

| | |
|---------------------------------------|--------------------------------------|
| Name: | |
| Address: | |
| City: | |
| County: | |
| Number of People in Household: | Foodstamps yes _____ no _____ |

Effective October 1, 2019 through September 30, 2020
(Household gross income must be at or below for appropriate size household.)

| HOUSEHOLD SIZE | PER YEAR | PER MONTH | PER WEEK |
|-------------------------------|------------|-----------|----------|
| 1 | \$24,984 | \$2,082 | \$480 |
| 2 | \$33,840 | \$2,820 | \$651 |
| 3 | \$42,672 | \$3,556 | \$821 |
| 4 | \$51,504 | \$4,292 | \$990 |
| 5 | \$60,360 | \$5,030 | \$1,161 |
| 6 | \$69,192 | \$5,766 | \$1,331 |
| 7 | \$78,024 | \$6,502 | \$1,500 |
| 8 | \$86,880 | \$7,240 | \$1,671 |
| EACH ADDITIONAL FAMILY MEMBER | (+\$8,856) | (+\$738) | (+\$170) |

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, 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

This institution is an equal opportunity provider.

| | Date | Client Signature | FNS | | Yearly Income | Monthly Income | Weekly Income | Agency Representative Signature |
|-----|------|------------------|-----|----|--|----------------|---------------|---------------------------------|
| | | | Yes | No | | | | |
| | | | | | If you do not receive FNS Benefits (i.e. food stamps), write in your yearly, monthly, or weekly income if there has been a change. | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
| 17. | | | | | | | | |
| 18. | | | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, 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

This institution is an equal opportunity provider.