**TEFAP ELIGIBILITY APPLICATION FOR USE DURING COVID-19**

|  |  |
| --- | --- |
| **AGENCY NAME:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TEFAP DISTRIBUTION SITE ADDRESS:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CITY:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COUNTY:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Issued by:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Date:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ***Agency Representative Signature*** | |  |

**IMPORTANT------READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):**

Participant understands 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)

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"(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."

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | FNS | | Monthly Income | Weekly Income | Number in Household | Authorized Proxy Name |  |  |  |  |  |
| Household Name / L2F Household ID Number | | Yes | No | If you do not receive FNS Benefits, Enter monthly or weekly income | |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  | **Household Size** | **Per Year** | **Per Month** | **Per Week** |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  | 1 | $24,984 | $2,082 | $480 |
| 7 |  |  |  |  |  |  |  |  | 2 | $33,840 | $2,820 | $651 |
| 8 |  |  |  |  |  |  |  |  | 3 | $42,672 | $3,556 | $821 |
| 9 |  |  |  |  |  |  |  |  | 4 | $51,504 | $4,292 | $990 |
| 10 |  |  |  |  |  |  |  |  | 5 | $60,360 | $5,030 | $1,161 |
| 11 |  |  |  |  |  |  |  |  | 6 | $69,192 | $5,766 | $1,331 |
| 12 |  |  |  |  |  |  |  |  | 7 | $78,024 | $6,502 | $1,500 |
| 13 |  |  |  |  |  |  |  |  | 8 | $86,880 | $7,240 | $1,671 |
| 14 |  |  |  |  |  |  |  |  | EACH ADDITIONAL FAMILY MEMBER | (+$8,856) | (+$738) | (+$170) |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |  |