TEFAP ELIGIBILITY APPLICATION FOR USE DURING COVID-19

AGENCY NAME: ______________________________

TEFAP DISTRIBUTION SITE ADDRESS: ______________________________

CITY: ______________________________

COUNTY: ______________________________

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)

"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."

TEFAP-3 Revised 3/24/2020

Date: ______________		FNS		Monthly Income	Weekly Income		
	Household Name / L2F Household ID Number	Yes	No	If you do not receive FNS Benefits, Enter monthly or weekly income		Number in Household	Authorized Proxy Name
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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27							
28							
29							
30							

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)