

Family #: _____

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ELIGIBILITY FORM

This form is to be filled out for each household receiving food from your program at least once annually. A recipient's signature is sufficient declaration of need.

Name		Phone			
Street		City		ZIP	

Please indicate the number of each below, i.e. if two children are in your household enter "2" in the box below Children.

Children (Ages 0-17)	Adults (Ages 18-64)	Seniors (Ages 65+)	Total Household Members

YOU ARE ELIGIBLE TO RECEIVE TEFAP IF ONE OF THE FOLLOWING IS TRUE FOR YOUR HOUSEHOLD:

OPTION 1: Household Income.

The table below shows a yearly gross income for each household 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 USDA Foods through TEFAP.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320

*For each additional family member add \$9,080.

OPTION 2:

You are also categorically eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(s) next to it.

- SNAP WIC TANF Medicaid SSI Free/Reduced School Meals

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household OR that my household participates in the program(s) that I have checked on this form. I understand that these records will be held in confidence at this distribution site but may be released to the New York State Office of General Services or the United State Department of Agriculture for review upon their request.

Signature

Date

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