



Site Address: _____

Date: _____

Agency Name: _____

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$45,180	\$3,765	\$869
2	\$61,320	\$5,110	\$1,179
3	\$77,460	\$6,455	\$1,490
4	\$93,600	\$7,800	\$1,800
Each Additional Household Member Add	\$16,140	\$1,345	\$310

Eligibility for TEFAP is based on the need for emergency food or the household meets the below income guidelines or participates in SNAP, WIC, FDPIR, CSFP, SSI, or student has an approved free/reduced-price school meals application.

*The right table shows a gross income for each household size Based on 300% Federal Poverty Income Guidelines for TEFAP

Updated December 2024

*Print Name:	*# in Household:	# of Children:	# of Seniors:
# of Vets:	*What state do you reside in?	*Eligibility: <input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food	

REQUIRED FIELDS CONTAIN AN ASTERISK, OTHER COLUMNS ARE OPTIONAL AND WILL NOT AFFECT TEFAP ELIGIBILITY(*)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720 -2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

Revised 12/2024



Site Address: _____

Date: _____

Agency Name: _____

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$45,180	\$3,765	\$869
2	\$61,320	\$5,110	\$1,179
3	\$77,460	\$6,455	\$1,490
4	\$93,600	\$7,800	\$1,800
Each Additional Household Member Add	\$16,140	\$1,345	\$310

Eligibility for TEFAP is based on the need for emergency food or the household meets the below income guidelines or participates in SNAP, WIC, FDPIR, CSFP, SSI, or student has an approved free/reduced-price school meals application.

*The right table shows a gross income for each household size Based on 300% Federal Poverty Income Guidelines for TEFAP

Updated December 2024

*Print Name:	*# in Household:	# of Children:	# of Seniors:
# of Vets:	*What state do you reside in?	*Eligibility: <input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food	

REQUIRED FIELDS CONTAIN AN ASTERISK, OTHER COLUMNS ARE OPTIONAL AND WILL NOT AFFECT TEFAP ELIGIBILITY(*)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720 -2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

Revised 12/2024