

EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) CERTIFICATION OF ELIGIBILITY

Agency Name _____ Agency Number _____

Name: _____ Phone: _____

Address: _____ City/County: _____ State: _____ Zip: _____

of Children (0-17): _____ # of Adults (18-59): _____ # of Seniors (60+): _____ Total Individuals: _____

You are eligible to receive food from TEFAP if your household participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance to Needy Families (TANF)

You are eligible to receive food from TEFAP if your household meets the income guidelines in addition to participating in the Supplemental Security Income (SSI) or Medicaid program. Please place a checkmark in the space next to the category that applies and include income below.

Individual receiving Supplement Security Income (SSI) **with additional HH members include total income**

Individual receiving Medicaid **with additional HH members include total income**

You are eligible to receive food from TEFAP if your household meets the income guidelines. Please place total amount of household income in the space next to that applies.

_____ **Weekly** _____ **Monthly** _____ **Annual**

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

I certify that I am the only person in this household who has applied for this assistance. I certify that the income of all persons in my household is not more than the amount listed on this form. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

Signature _____

Date _____

Optional: _____ is authorized to pick up USDA foods on my behalf.

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately. You may receive TEFAP food up to once a week.

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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:

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: (833)256-1665 or (202) 690 7442

or 3. email: program.intake@usda.gov

The program standards are applied without discrimination by race, color, national origin, age, sex or disability.

July _____ Date _____ Proxy _____

August _____ Date _____ Proxy _____

September _____ Date _____ Proxy _____

October _____ Date _____ Proxy _____

November _____ Date _____ Proxy _____

December _____ Date _____ Proxy _____

January _____ Date _____ Proxy _____

February _____ Date _____ Proxy _____

March _____ Date _____ Proxy _____

April _____ Date _____ Proxy _____

May _____ Date _____ Proxy _____

June _____ Date _____ Proxy _____