

## USDA TEMPORARY 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 client's signature is sufficient declaration of need and no verification of income is required.**

Name		Phone		
Street		City	ZIP	

# in Household	# of Children (0-17)	# of Adults (18-64)	# of Seniors (65+)

**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 family 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 TEFAP Commodities.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860

For each additional family member add \$8,840.

**OPTION 2:**

You are also 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(es) next to it.

- |                                             |                                     |                               |                                                    |
|---------------------------------------------|-------------------------------------|-------------------------------|----------------------------------------------------|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> WIC        | <input type="checkbox"/> TANF | <input type="checkbox"/> Free/Reduced School Meals |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Disability | <input type="checkbox"/> SSI  | <input type="checkbox"/> HEAP                      |

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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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), 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](mailto:program.intake@usda.gov).

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