

TEFAP ELIGIBILITY FORM OCTOBER 2016 – SEPTEMBER 2017

Name:	
Address:	
City:	
County:	
Number of People in Household:	

Effective October 1, 2016 through September 30, 2017

Household Gross Income Must Be Below Level of Appropriate Size Household

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$23,760	\$1,980	\$457
2	\$32,040	\$2,670	\$616
3	\$40,320	\$3,360	\$775
4	\$48,600	\$4,050	\$935
5	\$56,880	\$4,740	\$1,094
6	\$65,160	\$5,430	\$1,253
7	\$73,464	\$6,122	\$1,413
8	\$81,792	\$6,816	\$1,573
EACH ADDITIONAL FAMILY MEMBER	\$8,328	\$694	\$160

The above table 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 food. A household is defined as a group of people who live together and share money and other resources in order to get food. Please look at the income scale above to determine if your household is eligible for TEFAP.

OR

If you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps), you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Please read the following statement carefully, then sign the form and write in today's date.

I understand 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.)

The section below is only for homebound individuals

The following persons are authorized to pick up my food (if applicable):

Authorized Representative:	
Authorized Representative:	

(Client Signature)

(Date)

			FNS		If you do not receive FNS Benefits (i.e. food stamps), write in your yearly, monthly, or weekly income.			Agency Representative Signature
			Yes	No	Yearly Income	Monthly Income	Weekly Income	
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