

# TEFAP ELIGIBILITY FORM OCTOBER 2018 – SEPTEMBER 2019

v2

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

**Effective October 1, 2018 through September 30, 2019**

**Household Gross Income Must Be Below Level of Appropriate Size Household**

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
<b>1</b>	<b>\$24,288</b>	<b>\$2,024</b>	<b>\$467</b>
<b>2</b>	<b>\$32,928</b>	<b>\$2,744</b>	<b>\$633</b>
<b>3</b>	<b>\$41,568</b>	<b>\$3,464</b>	<b>\$799</b>
<b>4</b>	<b>\$50,208</b>	<b>\$4,184</b>	<b>\$966</b>
<b>5</b>	<b>\$58,848</b>	<b>\$4,904</b>	<b>\$1,132</b>
<b>6</b>	<b>\$67,488</b>	<b>\$5,624</b>	<b>\$1,298</b>
<b>7</b>	<b>\$76,128</b>	<b>\$6,344</b>	<b>\$1,464</b>
<b>8</b>	<b>\$84,768</b>	<b>\$7,064</b>	<b>\$1,630</b>
<b>EACH ADDITIONAL FAMILY MEMBER</b>	<b>\$8,640</b>	<b>\$720</b>	<b>\$166</b>

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.

**The section is only for homebound individuals**

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

Authorized Representative:	
Authorized Representative:	

**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.)

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

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	Date	Client Signature	FNS		Yearly Income	Monthly Income	Weekly Income	Agency Representative Signature
			Yes	No	If you do not receive FNS Benefits (i.e. food stamps), write in your yearly, monthly, or weekly income.			
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3.								
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