

NCD&CS TEFAP Eligibility Form October 2025– September 2026

Name:	
County:	
Number of People in Household:	

Effective October 1, 2025, through September 30, 2026
 (Household gross income must be at or below for the appropriate size household.)

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$31,320	\$2,610	\$653
2	\$42,312	\$3,526	\$882
3	\$53,304	\$4,442	\$1,111
4	\$64,320	\$5,360	\$1,340
5	\$75,312	\$6,276	\$1,569
6	\$86,304	\$7,192	\$1,798
7	\$97,320	\$8,110	\$2,028
8	\$108,312	\$9,026	\$2,257
EACH ADDITIONAL FAMILY MEMBER	(+\$11,016)	(+918)	(+\$230)

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. **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.)

_____ *(Client Signature)*

_____ *(Date)*

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

Authorized Representative:	
Authorized Representative:	

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