

NCDA&CS TEFAP ELIGIBILITY APPLICATION

TEFAP-3 Revised 09/2025

NAME:	
COUNTY:	
NUMBER OF PERSONS IN HOUSEHOLD:	

A. I receive Food & Nutrition Services: ☐ Yes ☐ No

B. My household's gross income is: \$ _____ yearly monthly weekly

Issued by: _____
Agency Representative Signature Date

IMPORTANT-----READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):

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)

Received by: _____
Signature of Applicant/Recipient

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This is a single-use application. TEFAP participants must self-declare their eligibility at each distribution to receive benefits.	Effective October 1, 2025 through September 30, 2026			
	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)

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