EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) CERTIFICATION OF ELIGIBILITY

Agency Name ______________________________ Agency Number ____________________

Name: ______________________________ **Number of People in Household:** ____________________

Address: ______________________________ **Phone:** ____________________

City/State: ______________________________ **County:** ____________________

You are eligible to receive food from TEFAP if your household participates in any of the following programs. Please place a checkmark in the space next to the category that applies. ***(Sign and date application)***

__________**Supplemental Nutrition Assistance Program (SNAP)**
__________**Temporary Assistance to Needy Families (TANF)**
__________**Individual receiving Supplement Security Income (SSI)**
__________**Individual receiving Medicaid**

You are eligible to receive food from TEFAP if your household meets the income guidelines in addition to participating in the Supplemental Security Income (SSI) or Medicaid program. Please place a checkmark in the space next to the category that applies and include income. ***(Sign and date application)***

___**Individual receiving Supplement Security Income (SSI) with additional HH members include total income**_______
___**Individual receiving Medicaid with additional HH members include total income**_______

You are eligible to receive food from TEFAP if your household meets the income guidelines. Please place total amount of household income in the space next to that applies. ***(Sign and date application)***

__________Weekly______________Monthly___________Annual

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

<u>You only need to meet one of these requirements to be eligible to receive USDA foods.</u>

I certify that I am the only person in this household who has applied for this assistance. I certify that the income of all persons in my household is not more than the amount listed on this form. I understand that I can only receive USDA food once a month. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

______________________________ ______________________________
Signature Date

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: ______________________________is authorized to pick up USDA foods on my behalf.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider

Census Information:
Total________Children_________Adults_________Seniors in the Household