

# TEFAP Application and Registration

**Effective October 1, 2024, through September 30, 2025**

## Household Information

**HOUSEHOLD MEMBERS;** Please **CIRCLE** the total number of household and **HEAD OF HOUSEHOLD** information only

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAME OF HEAD OF HOUSEHOLD															
HOUSEHOLD LOCATION ZIP CODE *															
PHONE NUMBER *															
PROXY NAME (IF NEEDED)															

**\*Phone Number and Zip Code are not required to receive TEFAP commodities**

**PROGRAMS BENEFITS:** if you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

<b>SNAP (FOOD STAMPS)</b>	<b>Tribal TANF/ATAP</b>	<b>SSI or MEDICAID</b>	<b>CSFP or FDPIR</b>	<b>NSLP LUNCH FREE/REDUCED</b>
Yes      No	Yes      No	Yes      No	Yes      No	Yes                  No

## INCOME INFORMATION

**Permanent Fund Dividend:** Did anyone in your household receive the current year's PFD? If YES, include the PFD amount received in your Annual Household Income at the time of applying.

**The table below 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 TEFAP donated food. Proof of income is not required to apply for TEFAP.**

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$56,430	\$76,620	\$96,810	\$117,000	\$137,190	\$157,380	\$177,570	\$197,760

\*For each additional household member, add \$20,190

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

**Signature** \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**For intake workers use only: Please print**

**Intake Worker Signature (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Eligible  Ineligible-Reason