

## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ELIGIBILITY FORM

**This form is to be filled out for each household receiving food from your program at least once annually.  
A recipient's signature is sufficient declaration of need.**

Name		Phone		
Street		City	ZIP	

Please indicate the number of each below, i.e. if two children are in your household enter "2" in the box below Children.

Children (Ages 0-17)	Adults (Ages 18-64)	Seniors (Ages 65+)	Total Household Members

**YOU ARE ELIGIBLE TO RECEIVE TEFAP IF ONE OF THE FOLLOWING IS TRUE FOR YOUR HOUSEHOLD:**

**OPTION 1: Household Income.**

The table below shows a yearly gross income for each household 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 USDA Foods through TEFAP.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320

\*For each additional family member add \$8,960.

**OPTION 2:**

You are also categorically eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(s) next to it.

- SNAP     
  WIC     
  TANF     
  Medicaid     
  SSI     
  Free/Reduced School Meals

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household OR that my household participates in the program(s) that I have checked on this form. I understand that these records will be held in confidence at this distribution site but may be released to the New York State Office of General Services or the United State Department of Agriculture for review upon their request.

**Signature**

**Date**

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, religious creed, disability, age, political beliefs, 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, audiotope, 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: [How to File a 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/Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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