



The Emergency Food Assistance Program (TEFAP) Individual Client Intake Form — Annual

Food Pantry: _____ Date: _____

You self-declare that:

1. Your name and household size provided is correct.
2. Your address provided is correct (new clients) or indicate address changes (returning clients); if homeless, you can put homeless as the address.
3. You reside within this state and organization's service area (There is no minimum length of residency required).
4. Your income is within 400% of the Federal Poverty Guidelines (below).
5. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.
6. You will not receive TEFAP commodities from another organization.

You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP.

You will **never** need to provide your social security number or proof of citizenship.

You will **never** need to provide proof of income.

You will **never** need to provide proof of household size.

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	\$51,040	\$4,253	\$2,127	\$1,963	\$982
2	\$68,960	\$5,747	\$2,873	\$2,652	\$1,326
3	\$86,880	\$7,240	\$3,620	\$3,342	\$1,671
4	\$104,800	\$8,733	\$4,367	\$4,031	\$2,015
5	\$122,720	\$10,227	\$5,113	\$4,720	\$2,360
6	\$140,640	\$11,720	\$5,860	\$5,409	\$2,705
7	\$158,560	\$13,213	\$6,607	\$6,098	\$3,049
8	\$176,480	\$14,707	\$7,353	\$6,788	\$3,394
For each additional family member, add:	\$17,920	\$1,493	\$747	\$689	\$345

Effective from July 2020 until the notification of the income guidelines for 2021

*** USDA Nondiscrimination Statement:**

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, 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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> or 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:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue SW Washington D.C. 20250-9410	Fax: (202) 690-7442; or Email: program.intake@usda.gov
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This institution is an equal opportunity provider.

Print Name **	Signature (optional)	
Address **	City, State, Zip **	Household Size **

*A copy of the USDA Nondiscrimination Statement is available upon request.
 ** If your information changes, please notify this organization immediately.