

The Emergency Food Assistance Program (TEFAP) Eligibility Form Required By USDA

(Name of Food Shelf or Distribution Site)

Name: _____

Address: _____

Number of Persons in Household: _____

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in the following services and programs, **OR**, because my income is 200% or less of the Federal Poverty Guidelines.

*Eligibility is granted to all persons in situations of emergency and distress due to disasters.

Please check the program(s) in which you participate:

<input type="checkbox"/> MFIP	<input type="checkbox"/> Energy Assistance
<input type="checkbox"/> SSI	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> GA	<input type="checkbox"/> Reduced or free lunch or breakfast
<input type="checkbox"/> WIC	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> MAC	<input type="checkbox"/> Section 8
<input type="checkbox"/> NAPS	<input type="checkbox"/> Weatherization
<input type="checkbox"/> Head Start	<input type="checkbox"/> Food Support / Food Stamps
<input type="checkbox"/> MN CARE	

Income Eligibility: (200% of Federal Poverty Guidelines)

Family size	Annual Income
One	\$21,780
Two	29,420
Three	37,060
Four	44,700
Five	52,340
Six	59,980
Seven	67,620
Eight	75,260

Add \$7,640 of allowable income for each additional family member.

Signature

Date

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).