**TEFAP Application and Registration**

Effective October 1, 2019 through September 30, 2020

**Household Information**

**HOUSEHOLD MEMBERS**; Please **CIRCLE** the total number of household and **NAME OF HEAD OF HOUSEHOLD 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 | |  | | | | | | | | | | | | | | |
| PHYSICAL ADDRESS |  | | | | | | | | | | | | | | | |
| CITY, STATE & ZIP |  | | | | | | | | | | | | | | | |
| PHONE NUMBER |  | | | | | | | | | | | | | | | |
| **PROXY NAME (IF NEEDED)** |  | | | | | | | | | | | | | | | |

**INCOME INFORMATION**

**INCOME:** 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8\* |
| Annual Income | $28,860 | $39,091 | $49,321 | $59,552 | $69,782 | $80,013 | $90,243 | $100,474 |

\*For each additional household member, **add $10,231**

**PROGRAMS BENEFITS:** Do you receive benefits from any of the following programs, CIRCLE yes or no:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***SNAP (FOOD STAMPS)***  Yes No | ***TANF/TRIBAL***  Yes No | ***SSI or MEDICAID***  Yes No | ***CSFP or FDPIR***  Yes No | ***NSLP FREE/REDUCED***  Yes No |

**Circled yes? Please proceed directly to the applicant signature line.**

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.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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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.

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

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

Eligible Ineligible-Reason