**TEFAP Application and Registration**

Effective October 1, 2019 through September 30, 2020

**Household Information**

**HOUSEHOLD MEMBERS**; Please **CIRCLE** the total number of household and **FIRST AND LAST NAME OF EACH HOUSEHOLD MEMBER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 MEMBER | | |  | | | | | | | | | | | | | | |
| HOUSEHOLD MEMBER | | |  | | | | | | | | | | | | | | |
| HOUSEHOLD MEMBER | | |  | | | | | | | | | | | | | | |
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| HOUSEHOLD MEMBER | | |  | | | | | | | | | | | | | | |
| HOUSEHOLD MEMBER | | |  | | | | | | | | | | | | | | |
| HOUSEHOLD MEMBER | | |  | | | | | | | | | | | | | | |
| PHYSICAL ADDRESS |  | | | | | | | | | | | | | | | | |
| CITY, STATE & ZIP |  | | | | | | | | | | | | | | | | |
| PHONE NUMBER |  | | | | | | | | | | | | | | | | |
| PROXY NAME |  | | | | | | | | | | | | | | | | |

**INCOME INFORMATION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***SNAP***  Yes No | ***TANF***  Yes No | ***SSI***  Yes No | ***CSFP or FDPIR*** Yes No | ***NSLP Free/Reduced***  Yes No |

**If yes please proceed directly to the applicant signature line.**

**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 (see chart below)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

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 (please print):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Eligible Ineligible-Reason