TEFAP Application and Registration

Effective October 1, 2020 through September 30, 2021

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	$47,850	$64,650	$81,450	$98,250	$115,050	$131,850	$148,650	$165,450

*For each additional household member, **add $16,800**

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

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

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: _____COVID-19 SIGNATURE WAIVER_____

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, audiotape, 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: 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 _____

OCT	NOV	DEC	JAN	FEB	MAR

TEFAP COMMODITY IDENTIFICATION CARD

NAME: _____

ADDRESS: _____

HOUSEHOLD SIZE: _____ DATE ISSUED: _____

ISSUING AGENCY: _____

APPLICANT SIGN: _____

REV. 7/13

APR	MAY	JUN	JUL	AUG	SEP