Alternate Household Application for USDA Foods

The Emergency Food Assistance Program (TEFAP). Sites may request but must not require proof of information.

Categorical Eligibility for USDA Foods

If a household currently receives one or more of the following types of assistance, the CE should mark the household categorically eligible.

Categorical Eligibility					
SNAP	Supplemental Nutrition Assistance Program				
TANF	Temporary Assistance for Needy Families				
SSI	Supplemental Security Income				
NSLP	National School Lunch Program				
Medicaid	Medicaid				

TEFAP Income Eligibility Guidelines

July 1, 2023 – June 30, 2024

	Total Income					
Household Size	Annual	nual Monthly Twice- Monthly		Bi- Weekly	Weekly	
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519	
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702	
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885	
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068	
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251	
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434	
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616	
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799	
For each additional household member, add:	+\$9,509	+\$793	+\$397	+\$366	+\$183	

I certify that:

1) I am a member or a proxy of the household living at the address provided and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; 2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application.

Household Member or Proxy Print Name	Street Address, City & Zip	House- hold Size	Is this your 1st time at this site?	Certification (TO BE COMPLETED BY CE/SITE STAFF)			
				Eligible			la ali aibla
				Categorical	Income	Crisis	Ineligible
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				
			□Yes				



Household Member or Proxy Print Name	Street Address, City & Zip	House-	Is this your 1st	Certification (TO BE COMPLETED BY CE/SITE STAFF)				
		y & Zip	hold Size	time at	Fligible			
			this site?	Categorical		Crisis	Ineligible	
				□Yes				
				□Yes				
				□Yes				
				□Yes				
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				□Yes				
Certification Period: The hou the date listed below. Applica								
Name of the CE or site State	T: Signat	Signature			Date:			
			V	,				