

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															
HOUSEHOLD MEMBER															
HOUSEHOLD MEMBER															
HOUSEHOLD MEMBER															
HOUSEHOLD MEMBER															
HOUSEHOLD MEMBER															
HOUSEHOLD MEMBER															
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:

<i>SNAP</i>	Yes	No	<i>TANF</i>	Yes	No	<i>SSI</i>	Yes	No	<i>CSFP or FDPIR</i>	Yes	No	<i>NSLP Free/Reduced</i>	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.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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