

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:

<i>SNAP (FOOD STAMPS)</i>		<i>TANF/TRIBAL</i>		<i>SSI or MEDICAID</i>		<i>CSFP or FDIPIR</i>		<i>NSLP LUNCH FREE/REDUCED</i>	
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**

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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 Signature (required) _____ Date: _____
 Eligible Ineligible-Reason