



The Emergency Food Assistance Program (TEFAP) Individual Client Intake Form — Annual

Food Pantry: _____ Date: _____

You self-declare that:

1. Your name and household size provided is correct.
2. Your address provided is correct; if homeless, you can put homeless.
3. You reside within this state (there is no minimum length of residency required).
4. Your income is at or below 400% of the Federal Poverty Guidelines (below).
5. You agree that TEFAP food is for home consumption and the household is in need of this food. *

**When receiving TEFAP food,
the following is NOT required:**

- Social Security Number or identification
- Proof of: citizenship, immigration status, household size, or income
- You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP.

TEFAP Income Guidelines — 400% of Federal Poverty Guidelines — Based on net income (after taxes)

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	\$60,240	\$5,020	\$2,510	\$2,317	\$1,158
2	\$81,760	\$6,813	\$3,407	\$3,145	\$1,572
3	\$103,280	\$8,607	\$4,303	\$3,972	\$1,986
4	\$124,800	\$10,400	\$5,200	\$4,800	\$2,400
5	\$146,320	\$12,193	\$6,097	\$5,628	\$2,814
6	\$167,840	\$13,987	\$6,993	\$6,455	\$3,228
7	\$189,360	\$15,780	\$7,890	\$7,283	\$3,642
8	\$210,880	\$17,573	\$8,787	\$8,111	\$4,055
For each additional family member, add:	\$21,520	\$1,793	\$897	\$828	\$414

Effective from March 2024 until the notification of the income guidelines for 2025

**** USDA Nondiscrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Print Name ***	Signature (optional)	
Address ***	City, State, Zip ***	Household Size ***

*Food is not for resale. **A copy of the USDA Nondiscrimination Statement is available upon request.