

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**  
**CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME**  
7 CFR 251

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Number of People In Household: \_\_\_\_\_

County: \_\_\_\_\_

he following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. **The chart below is effective July 1, 2019 - June 30, 2020.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$16,237	\$1,354	\$677	\$625	\$313
2	\$21,983	\$1,832	\$916	\$846	\$423
3	\$27,729	\$2,311	\$1,156	\$1,067	\$534
4	\$33,475	\$2,790	\$1,395	\$1,288	\$644
5	\$39,221	\$3,269	\$1,635	\$1,509	\$755
6	\$44,967	\$3,748	\$1,874	\$1,730	\$865
7	\$50,713	\$4,227	\$2,114	\$1,951	\$976
8	\$56,459	\$4,705	\$2,353	\$2,172	\$1,086
For each additional family member add:	\$5,746	\$479	\$240	\$221	\$111

**The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.**

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- \_\_\_\_\_ Income eligibility  
\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) (fka Food Stamps)  
\_\_\_\_\_ Temporary Assistance to Needy Families (TANF)  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Medicaid

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

*I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.**

**OPTIONAL:** I authorize \_\_\_\_\_ to pick up USDA foods on my behalf.

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[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

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