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| Texas Department of Agriculture July 2024 | **Form H1555B** |
| **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.

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| 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**Effective July 1, 2024 – June 30, 2025

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| --- | --- | --- | --- | --- | --- |
| Household Size | Total Income | | | | |
| **Annual** | **Monthly** | **Twice-Monthly** | **Bi-Weekly** | **Weekly** |
| 1 | $27,861 | $2,322 | $1,161 | $1,072 | $536 |
| 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| For each additional, add: | +$9,953 | +$830 | +$415 | +$383 | +$192 |

***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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Household Member or Proxy Print Name** | **Street Address, City & Zip** | **Household Size** | **Certification**  **(*TO BE COMPLETED BY CE/SITE STAFF*)** | | | |
| **Eligible** | | | **Ineligible** |
| **Categorical** | **Income** | **Crisis** |
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**Certification Period:** The households above deemed eligible by categorical, or income eligibility are certified for one year beginning the date listed below. Applicants deemed eligible by crisis eligibility are certified for six months beginning the date listed below.

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| **Name of the CE or site Staff:** | **Signature** | **Date:** |
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