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.

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

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.

Household Member or Proxy Print Name	Address (Zip code is required at minimum. Full address is not required for eligibility.)	Household Size	Certification (*TO BE COMPLETED BY CE/SITE STAFF*)			
			Eligible			Ineligible
			Categorical	**Income**	**Crisis**	

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.

Name of the CE or site Staff:	Signature	Date:

This institution is an equal opportunity provider.