Uniform TEFAP Intake Form

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP): ELIGIBILITY TO RECEIVE USDA FOODS FOR HOME CONSUMPTION / Effective 2026

Name: _____ **Number of People in Household:** _____

Zip Code: _____ **County of Residence:** _____

You are eligible to receive USDA foods in TEFAP if your household participates in certain Federal programs. If you or anyone in your household participates in one of these programs, please circle it: **SNAP (formerly called food stamps) WIC CSFP FDPIR SSI** If you circled one of these programs, you may skip the next question. If none, circle **NONE** and proceed to the next question.

Is your household's income at or below the limit listed in the chart for the number of people in your household? If so, you are eligible to receive USDA Foods in TEFAP. Circle your answer: **YES NO**

TEFAP Income Eligibility Guidelines (IEG) effective 2026			
Household Size	**Annual**	**Monthly**	**Weekly**
1	$31,920	$2,660	$614
2	$43,280	$3,607	$832
3	$54,640	$4,553	$1,051
4	$66,000	$5,500	$1,269
5	$77,360	$6,447	$1,488
6	$88,720	$7,393	$1,706
7	$100,080	$8,340	$1,925
8	$111,440	$9,287	$2,143
For each additional family member, add:	+ $11,360	+ $947	+$218

I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. Please circle your answer: **YES NO**

Participants must report household changes to the TEFAP pantry immediately; such changes may include household income, number of people in the household, etc.

Signature: _____

Date: _____

Notice of Nondiscrimination

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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.