



## TEFAP Food Assistance

Our food pantry receives foods from many sources. One of those sources is The Emergency Food Assistance Program (TEFAP), a program managed by the federal government. This program provides foods such as bottled juices, dried & canned fruits, nuts, dried beans, peanut butter, canned fish and meats, dairy products, frozen meats, fresh and frozen fruits and vegetables.

### The Emergency Food Assistance Program (TEFAP) Application/Self-Declaration of Eligibility Form

**My household DOES NOT MEET the guidelines to qualify for foods from the TEFAP program.**

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

**My household receives government financial assistance. Put a checkmark next to all that apply to your household.**

<input type="checkbox"/> Headstart	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> LIHEAP (Fuel Assistance)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Veterans Aid
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Women, Infants & Children Nutrition Program (WIC)

**Or, if your combined income for all adults in your household is equal to or less than the income level shown for your household size, you qualify to receive TEFAP foods. Please select the line that applies to your Household Size. Proof of income is not required.**

# of Household Members	Annual Income	Monthly Income	Weekly Income
1	\$ 33975	\$ 2831	\$ 653
2	\$ 45775	\$ 3815	\$ 880
3	\$ 57575	\$ 4798	\$ 1107
4	\$ 69375	\$ 5781	\$ 1334
5	\$ 81175	\$ 6765	\$ 1561
6	\$ 92975	\$ 7748	\$ 1788
7	\$ 104775	\$ 8731	\$ 2015
8	\$ 116575	\$ 9715	\$ 2242
<i>For each additional household member, add:</i>	\$ 11800	\$ 983	\$ 227

By signing below, I certify that my/our total yearly household gross income is at or below the income listed on this form for my size household OR that my household members 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 Massachusetts.

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. I understand I am required to report to the pantry if my income increases over the income amount listed for my household size, OR, if our household no longer receives government financial assistance.

This certification is valid for a period of up to one YEAR but recertification may be requested by the pantry at any time.

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

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.