Children (0-17) _____

Adults _____

Seniors (60 and up) _____

pennsylvania
DEPARTMENT OF AGRICULTURE

## Bureau of Food Distribution

# The Emergency Food Assistance Program (TEFAP)

**"Self Declaration of Need"**

Effective July 1, 2015 to Jun 30, 2016

Recipient Name _____ Agency Representative Signature _____ Date _____

Street Address _____ Distribution Site Name _____ Number _____

City _____ State _____ Zip _____ Distribution Site Location _____

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

| Household Size | Total Household Income (based on 150% of Poverty) | | | | | |
|---|---|---|---|---|---|---|
| Circle One | | Annual | | Monthly | | Weekly |
| 1 | $ | 17,655 | $ | 1,471 | $ | 340 |
| 2 | $ | 23,895 | $ | 1,991 | $ | 460 |
| 3 | $ | 30,135 | $ | 2,511 | $ | 580 |
| 4 | $ | 36,375 | $ | 3,031 | $ | 700 |
| 5 | $ | 42,615 | $ | 3,551 | $ | 820 |
| 6 | $ | 48,855 | $ | 4,071 | $ | 940 |
| 7 | $ | 55,095 | $ | 4,591 | $ | 1,060 |
| 8 | $ | 61,335 | $ | 5,111 | $ | 1,180 |
| *For each additional family member add:* | $ | 6,240 | $ | 520 | $ | 120 |

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

**I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.**

**Recipient Signature** _____ **Date** _____

Return completed form to the agency that provided it to you.

**THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.**

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

The U.S. Department of Agriculture prohibits discrimination against it customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**The Emergency Food Assistance Program**
**Pennsylvania TEFAP Proxy Form**

Date _____

I_____ hereby authorize _____ to pick up my TEFAP Food Package and deliver it to me.

_____
Client Signature

☐

_____
Proxy Signature

_____
Pantry Representative

☐ Proxy ID Verified