

INTAKE FORM

HOUSEHOLD APPLICATION FOR USDA FOODS

Name of Household Member: _____

Number of People in Household: _____ Date of Birth*: _____

Address: _____ Phone Number*: _____

*(*Participant will receive USDA Foods through TEFAP even if a participant refuses to provide their date of birth or phone number)*

Name of Proxy (if applicable): _____

Address of Proxy: _____

This person is designated to pick up food on behalf of the eligible individual. The proxy must show ID every time they pick up on behalf of the eligible individual.

If the household receives other assistance, mark the appropriate choice(s) below and skip the “Total Household Income” and crisis situation sections.

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> National School Lunch Program (NSLP) (free or reduced-price meals) | |

Total Household Income: \$ _____ per _____

The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2018 – June 30, 2019

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
For each additional household member, add:	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

ANSWER ONLY if your household does not receive the government assistance listed above AND your income does not fall within the USDA income guidelines above: Was there a crisis situation that caused you to need food?

Yes No

If yes, please state the situation: _____

The USDA Certification period is up to twelve months. For crisis food need the certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

CONTINUED ON REVERSE →



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CONTINUED FROM REVERSE

By signing below, I certify that:

1. I am a member of the household living at the address provided and that I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;
2. all information provided to the agency determining my eligibility is, to the best of my knowledge and belief, true and correct; and
3. if applicable, the information provided by the proxy is, to the best of my knowledge and belief, true and correct.

Signature of Household Member: _____ Date: _____

By initialing below, I certify that:

_____ *I have read The Emergency Food Assistance Program (TEFAP) Participant Rights and Responsibilities, or the form has been read to me.*

INTAKE STAFF OR VOLUNTEER ONLY:

USDA Certification Period: ___/___/___ to ___/___/___ **Certifier's Signature:** _____ **Date:** _____

Household is eligible based on the following (check appropriate option):

Receives government assistance listed above Low income Crisis Food Need

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(1) mail: U.S. Department of Agriculture **(2)** fax: (202) 690-7442; or **(3)** email: program.intake@usda.gov.
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CENTRAL TEXAS FOOD BANK