

The Emergency Food Assistance Program (TEFAP) - Intake Form
 July 1, 2022 - June 30, 2023



Recipient Name		
Street Address	City	ZIP
No. of Children _____	No. of Adults _____	No. of Seniors _____

OPTION 1 Household Income: If your gross annual household income is at or below the amount listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP. YOU ARE NOT REQUIRED TO PROVIDE PROOF OF INCOME TO RECEIVE FOOD ASSISTANCE.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,142	\$33,874	\$42,606	\$51,338	\$60,070	\$68,802	\$77,534	\$86,266

*For each additional household member add \$9,770.

- OPTION 2 Categorical Eligibility:** You are categorically eligible to receive USDA Foods through TEFAP if your household participates in any of the following programs: SNAP, WIC, TANF, Medicaid, or SSI.
- By checking here, you attest that the following is true:**
 1. The recipient's name, address and household size provided above is correct.
 2. The recipient resides within New York State (there is no minimum length of residency required).
 3. The recipient meets Option 1 and/or Option 2 of TEFAP eligibility guidelines above.
 4. This food is for the recipient's home consumption only, and will not be sold, traded or bartered.
 5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement below.

Signature	Date

USDA Nondiscrimination Statement

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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(06/2022)