

Declaratory Statement / Inventory Control for USDA Foods

The Emergency Food Assistance Program (TEFAP). *Sites may request but must not require proof of information.*

Categorical Eligibility for USDA Foods

If a household currently receives one or more of the following types of assistance, the household is automatically eligible

Categorical Eligibility	
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
LIEAP	Low Income Energy Assistance Program
WIC	Woman Infants and Children
CSFP	Commodity Supplemental Food Program

TEFAP Income Eligibility Guidelines

Effective October 31, 2024 – June 30, 2025

Household Size	Total Income				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,369	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional, add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

I certify that:

1) My household income does not exceed the guideline above 2) USDA commodities are for household consumption only; 3) I will not receive USDA commodities from more than one organization during any given month; 4) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application.

Household Member Print Name	Do you live in _____ County? Y/N	Household Size	Distribution Month:		
			Eligible		
			Categorical	Income	Date

TEFAP Provider Name:	Printed Name & Signature of TEFAP Provider Staff:	Date: