

**TEFAP ELIGIBILITY APPLICATION
FOR MOBILE DISTRIBUTIONS**

AGENCY NAME:	
TEFAP DISTRIBUTION SITE ADDRESS:	
CITY:	
COUNTY:	

Issued by:

_____ *Agency Representative Signature*

_____ *Date of Distribution*

IMPORTANT-----READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):

Participant understands that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

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 discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442 or (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Sign-In Sheet for Mobile Distribution

TEFAP-3 Eligibility Application Revised 09-11-2024 with New Income Guidelines effective October 1, 2024

Date: _____		FNS		Monthly Income	Weekly Income	Number in Household	Authorized Proxy Name
		Yes	No	If you do not receive FNS Benefits (i.e. food stamps), Enter monthly or weekly income			
Household Name / L2F Household ID Number							
1	Name						
	Address						
	City, State, Zip						
2	Name						
	Address						
	City, State, Zip						
3	Name						
	Address						
	City, State, Zip						
4	Name						
	Address						
	City, State, Zip						
5	Name						
	Address						
	City, State, Zip						
6	Name						
	Address						
	City, State, Zip						
7	Name						
	Address						
	City, State, Zip						
8	Name						
	Address						
	City, State, Zip						

Effective October 1, 2024 through September 30, 2025			
Household Size	Per Year	Per Month	Per Week
1	\$30,120	\$2,510	\$579
2	\$40,896	\$3,408	\$786
3	\$51,648	\$4,304	\$993
4	\$62,400	\$5,200	\$1,200
5	\$73,176	\$6,098	\$1,407
6	\$83,928	\$6,994	\$1,614
7	\$94,680	\$7,890	\$1,821
8	\$105,456	\$8,788	\$2,028
EACH ADDITIONAL FAMILY MEMBER	(+10,776)	(+898)	(+207)