

WHEN COMPLETED PLEASE FAX BACK TO 1-844-697-2701 OR EMAIL TO bnunn@bba.com

TEFAP Application and Registration

Effective October 1, 2023, through September 30, 2024

Please **Print FIRST AND LAST NAMES OF EACH HOUSEHOLD MEMBER** and **Mark** number in household

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1)						6)										
2)						7)										
3)						8)										
4)						9)										
5)						10)										
MAILING ADDRESS																
PHYSICAL ADDRESS																
CITY, STATE & ZIP																
PHONE NUMBER																
PROXY NAME																

INCOME INFORMATION

PROGRAMS BENEFITS: If you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

SNAP		TANF		SSI		CSFP or FDPIR		NSLP Free and Reduced Meal	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INCOME: Permanent Fund Dividend: did anyone in your household receive the current year's PFD? If YES, include the PFD amount received in your Annual Household Income. The table below shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP donated food. Proof of income is not required to apply for TEFAP.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$54,630	\$73,920	\$93,210	\$112,500	\$131,790	\$151,080	\$170,370	\$189,660

***For each additional household member, add \$6,430**

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

Signature _____

DATE: _____

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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

For intake workers use only: Please print!

Intake Worker (please print): _____ **Date:** _____

Eligible Ineligible-Reason