

Agency Name \_\_\_\_\_  
 Site Address \_\_\_\_\_

Date \_\_\_\_\_



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*Eligibility for TEFAP is based on the household being in need of emergency food, meeting the below income guidelines or participates in SNAP, WIC, FDIPIR, CSFP, or SSI.*

Household Size	Annual	Monthly	Weekly
1	\$29,160	\$2,430	\$561
2	\$39,440	\$3,287	\$758
3	\$49,720	\$4,143	\$956
4	\$60,000	\$5,000	\$1,154
5	\$70,280	\$5,857	\$1,352
6	\$80,560	\$6,713	\$1,549
7	\$90,840	\$7,570	\$1,747
8	\$101,120	\$8,427	\$1,945
For each	\$10,280	\$857	\$198

Updated: August 2023

	Print Name	# in household	# of Children	# of Seniors	Street Address & City	How are you eligible? Select
1						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
2						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
3						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
4						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
5						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
6						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
7						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
8						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
9						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program
10						<input type="checkbox"/> In Need of Emergency Food <input type="checkbox"/> Income <input type="checkbox"/> Program