

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP - USDA Food Only)**  
**ELIGIBILITY CRITERIA FOR NEEDY FAMILIES IN ALABAMA**  
 October 1, 2011 - June 30, 2012

For Records:
# Men: _____
# Women _____
<6: _____
6-18: _____
19-59: _____
60+: _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

**This table shows a 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 food.**

INCOME ELIGIBILITY SCALE: HOUSEHOLD ELIGIBILITY FOR USDA FOODS

<u>Household Size</u>	<u>Per Year</u>	<u>Per Month</u>	<u>Per Week</u>
1	\$14,157	\$1,180	\$273
2	\$19,123	\$1,594	\$368
3	\$24,089	\$2,008	\$464
4	\$29,055	\$2,422	\$559
5	\$34,021	\$2,836	\$655
6	\$38,987	\$3,249	\$750
7	\$43,953	\$3,663	\$846
8	\$48,919	\$4,077	\$941
For each add'l family member add:	\$4,966	\$414	\$96

**You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the box next to it.**

- \_\_\_\_\_ 1. Eligibility to receive Food Stamps, or
- \_\_\_\_\_ 2. Eligibility to receive Aid for Families with Dependent Children (AFDC), or
- \_\_\_\_\_ 3. Eligibility to receive Supplement Security Income (SSI), or
- \_\_\_\_\_ 4. Signed, self declaration stating that the household income falls below 130% of the poverty level income (as stated above).

**Please read the following statement carefully. Then sign the form and write in today's date.**

*I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the ALABAMA EMERGENCY FOOD ASSISTANCE PROGRAM. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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