



Indiana State Department of Health  
The Emergency Food Assistance Program (TEFAP)  
Effective 2018

I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING GUIDELINES:

INCOME GUIDELINES (185%)

HOUSEHOLD SIZE	HOUSEHOLD INCOME		HOUSEHOLD SIZE	HOUSEHOLD INCOME	
	(Monthly)	(Annual)		(Monthly)	(Annual)
1	\$1,872	\$22,459	4	\$3,870	\$46,435
2	\$2,538	\$30,451	5	\$4,536	\$54,427
3	\$3,204	\$38,443	6	\$5,202	\$62,419

For each additional household member add \$666.00 per month

I ACKNOWLEDGE THAT THE STATE OF INDIANA AND THIS DISTRIBUTION AGENCY HAVE NO CONTROL OVER THE MANUFACTURING OF THIS DONATED PRODUCT AND CONSEQUENTLY DO NOT WARRANT THE CONDITION, QUALITY, OR CONTENT OF THE USDA DONATED COMMODITY.

Date	Printed Name	Address	# in HH	Signature

This institution is an equal opportunity provider.