



The Emergency Food Assistance Program (TEFAP) Effective July 1, 2021

PRINT

Name: _____ City: _____

Address: _____ # in Household: _____

Recipient provided the information above and attests to household income or categorical eligibility.

INCOME GUIDELINES (185%)

HH SIZE	MONTHLY	ANNUALLY	HH SIZE	MONTHLY	ANNUALLY
1	\$1,986	\$23,828	4	\$4,086	\$49,025
2	\$2,686	\$32,227	5	\$4,786	\$57,424
3	\$3,386	\$40,626	6	\$5,486	\$65,823
For each additional household member add \$700 per month					

Categorical eligibility:

Women, Infants, and Children
(**WIC**) _____
Supplemental Nutrition Assistance
Program (**SNAP**) _____
National School Lunch Program
(**NSLP**) _____

OPTIONAL: _____ # 0-5 _____ #6-17 _____ #18-54 _____ #55-59 _____ #60-64 _____ #65+ _____ # Veteran

Date	Date	Date	Date	Date

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