



The Emergency Food Assistance Program (TEFAP) Effective July 1, 2022

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	\$2,096	\$25,142	4	\$4,279	\$51,338
2	\$2,823	\$33,874	5	\$5,006	\$60,070
3	\$3,551	\$42,606	6	\$5,734	\$68,802
For each additional household member add \$728 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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