Children (0-17) ________
Adults ________
Seniors (60 and up) ________

Bureau of Food Distribution

The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2019 to Jun 30, 2020

Recipient Name

Agency Representative Signature Date

Street Address

Distribution Site Name Number

City State Zip

Distribution Site Location

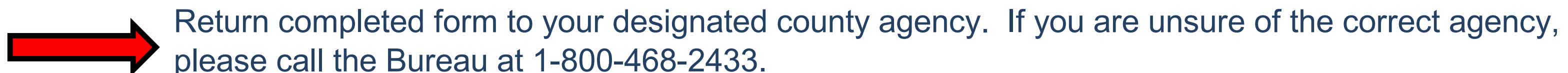
The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Household Size Circle One	Total Household Income (based on 150% of Poverty) Annual	Monthly	Weekly
1	$ 18,735	$ 1,561	$ 360
2	$ 25,365	$ 2,114	$ 488
3	$ 31,995	$ 2,666	$ 615
4	$ 38,625	$ 3,219	$ 743
5	$ 45,255	$ 3,771	$ 870
6	$ 51,885	$ 4,324	$ 998
7	$ 58,515	$ 4,876	$ 1,125
8	$ 65,145	$ 5,429	$ 1,253
For each additional family member add:	$ 6,630	$ 553	$ 128

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

Recipient Signature **Date**


Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202)690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Emergency Food Assistance Program
Pennsylvania TEFAP Proxy Form

Date ____________________

I ______________________ hereby authorize ______________________ to pick up my TEFAP Food Package and deliver it to me.

______________________ ☐ ______________________
Client Signature Proxy Signature

______________________ ☐ Proxy ID Verified
Pantry Representative