



## 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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