



The Emergency Food Assistance Program (TEFAP) Proxy Statement Form- Effective July 1, 2021

PANTRY: _____ **COUNTY:** _____
ADDRESS: _____

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

RECIPIENT INFORMATION

NAME		HOUSEHOLD SIZE
ADDRESS		CITY
		ZIP

PROXY INFORMATION

NAME		
ADDRESS		
CITY		ZIP

Proxy designation is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
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Site personnel completing form _____
 Date _____

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