

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP - USDA Food Only)**

**ELIGIBILITY CRITERIA FOR NEEDY FAMILIES IN ALABAMA**

July 1, 2018 - June 30, 2019

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_ Males: \_\_\_\_\_ Under 6: \_\_\_\_\_ 6 – 18: \_\_\_\_\_  
 Females: \_\_\_\_\_ 19-59: \_\_\_\_\_ 60+: \_\_\_\_\_

**You are eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the box next to it.**

1. Proof of eligibility for the **Supplemental Nutritional Assistance Program (SNAP)** (Formerly Food Stamps) or
2. Proof of eligibility to receive **Temporary Assistance for Needy Families (TANF)** (Formerly AFDC) or
3. Proof of eligibility to receive **Supplemental Security Income (SSI)**, or
4. Signed, self-declaration showing that the household income is below 130% of the poverty level income.
5. Special Circumstances (Example: fire, flood, illness, injury, etc.) **Explain:** \_\_\_\_\_

**EFFECTIVE JULY 1, 2018 – JUNE 30, 2019  
 INCOME ELIGIBILITY SCALE  
 HOUSEHOLD ELIGIBILITY FOR USDA FOODS  
 (130% of Federal Poverty Guidelines)**

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$ 15,782	\$ 1,316	\$ 304
2	21,398	1,784	412
3	27,014	2,252	520
4	32,630	2,720	628
5	38,246	3,188	736
6	43,862	3,656	844
7	49,478	4,124	952
8	55,094	4,592	1,060
<b>FOR EACH ADD'L FAMILY MEMBER ADD</b>	<b>+5,616</b>	<b>+468</b>	<b>+108</b>

**Please read the following statement carefully. Then sign the form and write in today's date.**

*I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the ALABAMA EMERGENCY FOOD ASSISTANCE PROGRAM. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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