

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

ELIGIBILITY CRITERIA FOR NEEDY FAMILIES IN ALABAMA

July 1, 2016 - June 30, 2017

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. Eligibility to receive Supplemental Nutritional Assistance Program (SNAP) (formerly Food Stamps), or
- _____ 2. Eligibility to receive Temporary Assistance to Needy Families (TANF (Formerly AFDC), or
- _____ 3. Eligibility to receive Supplement Security Income (SSI), or
- _____ 4. Signed, self declaration showing that the household income falls below 130% of the poverty level income (as stated below).
- _____ 5. Special Circumstances (Example: fire, flood, illness, injury, etc.) Explain _____

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$ 15,444	\$ 1,287	-\$ 297
2	20,826	1,736	401
3	26,208	2,184	504
4	31,590	2,633	608
5	36,972	3,081	711
6	42,354	3,530	815
7	47,749	3,980	919
8	53,157	4,430	1,023
FOR EACH ADD'L FAMILY MEMBER ADD			
	+5,408	+451	+104

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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