TEFAP Qualifying Information Name: _____ Household size: _____

Street Address	**City**	**Zip Code**

Phone	**Number of Children (Age 0-17)**	**Number of Adults (Age 18-59)**	**Number of Seniors (Age 60+)**

Indicate which programs you participate in:

- ☐ SSI (Supplemental Security Income)
- ☐ SNAP (Food stamps)
- ☐ PH (Section 8/public housing)
- ☐ FF (Families First)
- ☐ LIHEAP

Is your household's income **at or below the limits listed below** for the number of people in your household? If so, you are eligible to receive USDA Foods in TEFAP. **Please Circle one of the choices**

2024-25 Income Eligibility 185%
Persons in family/household

1 -	$27,861	5 -	$67,673
2 -	37,814	6 -	77,626
3 -	47,767	7 -	87,579
4 –	57,720	8 -	97,532

Please list the information for everyone in your household, **including yourself**. If there are more than 6 people in your household, please use a second sheet or write on the back of this sheet. (Note: This information is not required to receive USDA product.)

Name (First and Last)	Date of Birth	Gender	Race