

**The Emergency Food Assistance Program (TEFAP)
Eligibility Form Required By USDA**

(Name of Food Shelf or Distribution Site)

Name: _____

Address: _____

Number of Persons in Household: _____

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in the following services and programs, **OR**, because my income is 200% or less of the federal poverty guidelines.

*Eligibility is granted to all persons in situations of emergency and distress due to disasters.

Please check the program(s) in which you participate:

MFIP _____	Energy Assistance _____
SSI _____	Child Care Assistance _____
GA _____	Reduced or free lunch or breakfast _____
WIC _____	Transitional Housing _____
MAC _____	Section 8 _____
NAPS _____	Weatherization _____
Head Start _____	Food Support / Food Stamps _____
MN CARE _____	

Income Eligibility: (200% of Federal Poverty Guidelines)

Family size	Annual Income
One	\$19,600
Two	26,400
Three	33,200
Four	40,000
Five	46,800
Six	53,600
Seven	60,400
Eight	67,200

Add \$6,800 of allowable income for each additional family member.

Signature

Date

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