

The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

To be eligible:

- Self-report the information in the table below
- Self-declare that:
 - You are in Minnesota
 - Your household income is at or below the income listed for the number of people in your household

The following is NOT required:

- No Identification, No Proof of Address, No Proof of Income, No Proof of Household Size
- No Social Security Number, No Proof of Citizenship/Immigration Status
- No information other than what is on this form can be required from you to access food at this site

Name			Zip Code (optional)
Number of Children (0-17)	Number of Adults (18-64)	Number of Seniors (65+)	Total Number in Household 0

Proxy Permission: I authorize the following person(s) to pick up food on my behalf as a proxy

Annual Income Eligibility: (300% of Federal Poverty Guidelines)

Household Size	1	2	3	4	5	6	7	8
Annual Income at or below:	\$45,180	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020	\$158,160

*Add \$16,140 for each additional member

I self-declare that:

- I am in Minnesota.
- My household income is at or below the above guidelines.
- The information I provided is correct to the best of my knowledge and ability.
- I have been shown and have read the USDA Nondiscrimination Statement.
- I have been shown and have read the MN Data Privacy Notice.

<input type="radio"/> Verbal Self-Declaration	Date
OR	
<input type="radio"/> Signature (optional)	Date