



**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
MARYLAND SELF DISCLOSURE FORM**

SITE: _____ DATE: _____ NUMBER IN HOUSEHOLD: _____

CHECK PICTURE I.D. FOR PROOF OF IDENTITY AND ADDRESS: YES: _____ NO: _____

CATEGORY OF ELIGIBILITY: CHECK WHAT APPLIES

- SNAP Recipient Medical Assistance TANF Unemployment
 Energy Assistance Electric Universal Service Program (EUSP) Assistance
 Household income 150% below Federal poverty guidelines

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Income Eligibility Guidelines: Effective October 1, 2018**

Based on 150% of Federal Poverty Guidelines				
Household Size	Annual Income	Monthly Income	Bi-Weekly	Weekly
1	\$18,210	\$1,518	\$ 700.39	\$ 350.19
2	\$24,690	\$2,058	\$ 949.62	\$ 474.81
3	\$31,170	\$2,598	\$ 1,198.85	\$ 599.42
4	\$37,650	\$3,138	\$ 1,448.01	\$ 724.04
5	\$44,130	\$3,678	\$ 1,697.31	\$ 848.65
6	\$50,610	\$4,218	\$ 1,946.54	\$ 973.27
7	\$57,090	\$4,758	\$ 2,195.77	\$ 1,097.89
8	\$63,570	\$5,298	\$ 2,445.00	\$ 1,222.50
For each additional household member add:	+ \$6,480	+ \$540	+ \$249	+ \$125

*It is at the discretion of each ERA/EFO to determine the formula they will use to distribute TEFAP food based on household size.

QUANTITY (How Many Items Client Received): _____

APPLICANT

NAME: _____

ADDRESS: _____

CITY _____ ZIPCODE _____

AUTHORIZED PROXY

NAME: _____

ADDRESS: _____

CITY _____ ZIPCODE _____



USDA Nondiscrimination Statement

All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8330. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov
This institution is an equal opportunity provider

I affirm that neither I nor any other household member has received any other USDA food from this or any other pantry within the last 30 days. I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

APPLICANT
SIGNATURE: _____

AUTHORIZED PROXY
SIGNATURE: _____



*The use of this page is optional for pantries that distribute TEFAP to the same person each month. It must be attached to the TEFAP Self Disclosure Form and USDA Non-Discrimination Statement to be valid. An updated form will be distributed to all partners at the beginning of each fiscal year.

Site Name: _____

Applicant Name: _____

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APPLICANT SIGNATURE	DATE (Write in Exact Date)	QUANTITY (How Many Items Client Received)
	OCTOBER 2018	
	NOVEMBER 2018	
	DECEMBER 2018	
	JANUARY 2019	
	FEBRUARY 2019	
	MARCH 2019	
	APRIL 2019	
	MAY 2019	
	JUNE 2019	
	JULY 2019	
	AUGUST 2019	
	SEPTEMBER 2019	