



**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, 2020**

Based on 150% of Federal Poverty Guidelines				
Household Size	Annual Income	Monthly Income	Bi-Weekly	Weekly
1	\$19,140	\$1,595	\$ 736.15	\$ 368.08
2	\$25,860	\$2,155	\$ 994.62	\$ 497.31
3	\$32,580	\$2,715	\$ 1,253.08	\$ 626.54
4	\$39,300	\$3,275	\$ 1,511.54	\$ 755.77
5	\$46,020	\$3,835	\$ 1,770.00	\$ 885.00
6	\$52,740	\$4,395	\$ 2,028.46	\$ 1,014.23
7	\$59,460	\$4,955	\$ 2,286.92	\$ 1,143.46
8	\$66,180	\$5,515	\$ 2,545.38	\$ 1,272.69
For each additional household member add:	+ \$6,720	+ \$561	+ \$258.46	+ \$129.23

\*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**

**AUTHORIZED PROXY**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY

ZIPCODE

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](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](mailto: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: \_\_\_\_\_

# AACFB Self Disclosure Form

FY 21

PHONE NUMBER: \_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

## TOTAL NUMBER IN HOUSEHOLD BY GENDER

# \_\_\_\_\_ Females # \_\_\_\_\_ Males

## TOTAL NUMBER IN HOUSEHOLD BY AGE

# \_\_\_\_\_ Children under 18 # \_\_\_\_\_ 18-64 Years Old # \_\_\_\_\_ 65 Years +

### CATEGORY OF HOUSEHOLD

### CHECK ONE

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless                | <input type="checkbox"/> Single Adult Female(s)      |
| <input type="checkbox"/> Single Adult Male(s)    | <input type="checkbox"/> Single Mother Household     |
| <input type="checkbox"/> Single Father Household | <input type="checkbox"/> Married Couple/ 2 Parent HH |

### CATEGORY OF RACE/ETHNICITY

\_\_\_ American Indian/Alaska Native **(I)**

\_\_\_ Asian **(A)**

\_\_\_ Caucasian **(C)**

\_\_\_ Black/African American **(B)**

\_\_\_ Pacific Islander **(P)**

\_\_\_ Hispanic **(H)**

\_\_\_ Multi-Race or Mixed Race **(M)**

\_\_\_ Other **(O)**

\_\_\_ Ethnicity Unknown **(U)**

\_\_\_ Prefer Not to Answer **(N)**

Do you receive Social Security or SSI? YES \_\_\_ NO \_\_\_

Have you served in the Military? YES \_\_\_ NO \_\_\_