

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ELIGIBILITY CERTIFICATION

PLEASE PRINT

Participation in TEFAP is voluntary. Personally identifiable information collected is required for participation and will be used for that purpose only.

Participant Name – Last	First	MI	Telephone Number	Proxy Name (if applicable)	Proxy Authorization Dates From _____ to _____
Street Address/Unit or Apartment Number			City	Zip Code	County
A. Are you receiving FoodShare (formerly known as Food Stamps) or do you have a Quest card? <input type="checkbox"/> Yes <input type="checkbox"/> No (See box B)		B. Have you applied for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No (See box C)		C. Would you like information about FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					FOR OFFICE USE ONLY <input type="checkbox"/> FoodShare Information Given Date: _____

I certify with my signature that:

My household monthly gross income does not exceed established limits on this form; I will use the federal commodities received for household consumption only; and I release the USDA/FNS, the State of Wisconsin, and any agency or person distributing federal commodities from any liability resulting from receipt of this food.

I understand that making a false certification may result in my having to reimburse the State for the value of food improperly issued to me, and may subject me to criminal prosecution under State and Federal law.

Reasonable accommodations may be requested to participate in this program.

MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF TEFAP COMMODITIES										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly	\$1,771	\$2,391	\$3,011	\$3,631	\$4,250	\$4,870	\$5,490	\$6,110	\$6,729	\$7,349
*Annual	\$21,257	28,694	36,131	43,568	51,005	58,442	65,879	73,316	80,753	88,190

For each additional household member, add \$7,437 for Annual Income or \$620 for Monthly Income

	DATE (MM-DD-YY)	RECIPIENT OR PROXY SIGNATURE	FAMILY SIZE		ADDRESS VERIFIED		NAMES OF ALL HOUSEHOLD MEMBERS (PLEASE INCLUDE DATE OF BIRTH AFTER EACH NAME)	WHAT OTHER TYPES OF ASSISTANCE ARE NEEDED?
			ADULTS	CHILDREN	YES	NO		
1.					<input type="checkbox"/>	<input type="checkbox"/>		
2.					<input type="checkbox"/>	<input type="checkbox"/>		
3.					<input type="checkbox"/>	<input type="checkbox"/>		
4.					<input type="checkbox"/>	<input type="checkbox"/>		
5.					<input type="checkbox"/>	<input type="checkbox"/>		
6.					<input type="checkbox"/>	<input type="checkbox"/>		
7.					<input type="checkbox"/>	<input type="checkbox"/>		
8.					<input type="checkbox"/>	<input type="checkbox"/>		
9.					<input type="checkbox"/>	<input type="checkbox"/>		
10.					<input type="checkbox"/>	<input type="checkbox"/>		
11.					<input type="checkbox"/>	<input type="checkbox"/>		
12.					<input type="checkbox"/>	<input type="checkbox"/>		

Pantry: _____ Address: _____ EFO: _____ Date: _____

*Annual Income is to be used for seasonal and migrant workers.

This institution is an equal opportunity provider.