

State of Idaho
The Emergency Food Assistance Program (TEFAP)
Eligibility to Receive TEFAP Food for Home Consumption Form

<i>INCOME ELIGIBILITY</i> <i>(Effective October 1, 2023)</i>	
<i>Family Size</i>	<i>Gross Monthly Income</i>
1	\$2,430.00
2	\$3,286.67
3	\$4,143.33
4	\$5,000.00
5	\$5,856.67
6	\$6,713.33
7	\$7,570.00
8	\$8,426.67
<i>Each Additional</i>	\$856.67

The table above shows a monthly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Client's Name: _____

Address: _____

of Household Members: _____

Please fill in the blanks above and read the following statement carefully. Then sign the form and write in today's date.

I certify that my monthly gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the Idaho Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

 Signature

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) Fax: (833) 256-1665 or (202) 690-7442;
 or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

 Date