

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

INCOME ELIGIBILITY <i>(effective October 1, 2021)</i>	
<i>Family Size</i>	<i>Gross Monthly Income</i>
1	\$2,683.33
2	\$3,629.17
3	\$4,575.00
4	\$5,520.83
5	\$6,466.67
6	\$7,412.50
7	\$8,358.33
8	\$9,304.17
<i>Each Additional</i>	<i>\$945.83</i>

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.

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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; or
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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Signature _____

Date _____