



Statement of Eligibility to Receive USDA Foods from The Emergency Food Assistance Program (TEFAP)

Name: _____ Number in household: _____

Address (optional): _____

Phone Number (optional): _____
(phone number may be used to notify you if there is a food safety recall)

TEFAP Income Eligibility Guidelines Effective July 1, 2018 - June 30, 2019

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional household member add	\$7,992	\$666	\$333	\$308	\$154

Do not count any benefits from 3SquaresVT as part of your income when deciding if you meet these guidelines.

By signing below, I certify that I am eligible to receive USDA Foods from TEFAP because my household income is at or below the above guidelines, and I live in the State of Vermont.

Signature	Date

USDA Regulations require that you sign this statement the first time that you receive USDA Foods from TEFAP during the period of eligibility. The period of eligibility runs July 1 - June 30. This statement will be kept on file at the food pantry where you receive USDA Foods from TEFAP.

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) 877-8339. 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: [How to File a 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, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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