

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBILITY FORM TO TAKE FOOD HOME**

Name: _____
 Address: _____
 Phone Number: _____

Number of people in household: _____

_____ CHILD _____ ADULT _____ SENIOR

This table shows a 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. Proof of income is not required unless requested.

State of Maine TEFAP Income Guidelines

Last updated January 2022. Figures represent 185% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$25,142	\$2823	\$483
2	\$33,874	\$2686	\$652
3	\$42,606	\$3551	\$820
4	\$51,338	\$4279	\$988
5	\$60,070	\$5006	\$1156
6	\$68,802	\$5734	\$1323
7	\$77,534	\$6462	\$1491
8	\$86,266	\$7189	\$1659
For Each Additional Add	+\$8,732	+\$728	+\$168

If your household income is at or below the respective threshold for your household size, please mark this box:

You also may be eligible to receive food from TEFAP if your income is greater than the amount in the above table if you are unable to meet the nutritional needs of your household due to an emergency situation. If so, please mark this box:

If you cannot mark an above box, you may also be eligible to receive food from TEFAP if you are participating in one of the below programs. If you participate in one of these programs, please mark the box left of the it.

- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Insurance (SSI)
- Medicaid
- Low-Cost Drugs for the Elderly or Disabled (DEL)
- Supplemental Nutrition Assistance Program (SNAP, formerly food stamps)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Maine does not require proof of participation in an above program to be eligible for TEFAP. However, proof must be provided if requested. Signatures are no longer required. **Please read the following statement carefully:**

I certify that my household gross income is at or below the income listed on this form for the amount corresponding to the number of people in my household, I am experiencing an emergency, or that I have established eligibility from participating in a program indicated above. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the monetary value of the food improperly issued to me and may subject me to civil or criminal prosecution.

If you meet the requirements to mark any of the above boxes on this form and agree with these statements, you are eligible to receive TEFAP in Maine. There is no need to mark more than one box if multiple are applicable.

Today's date: _____ **Please initial to acknowledge receipt of page 2 of this form.**

 INITIALS

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, audiotape, 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, D.C. 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.