

Date: _____

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CLIENT ELIGIBILITY FORM
(EFFECTIVE JULY 01, 2010 - JUNE 30, 2011)**

Name: _____ Age: _____ Number of people in household: _____
Address: _____
Phone: _____ Income: _____

List household Members:

Age:

_____	_____
_____	_____
_____	_____
_____	_____

✓	HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
	1	\$14,079	\$1,174	\$271
	2	\$18,941	\$1,579	\$365
	3	\$23,803	\$1,984	\$458
	4	\$28,665	\$2,389	\$552
	5	\$33,527	\$2,794	\$645
	6	\$38,389	\$3,200	\$739
	7	\$43,251	\$3,605	\$832
	8	\$48,113	\$4,010	\$926
	For Each Additional Family Member Add	+ 4,862	+ 406	+ 94

You are also eligible to receive food if your household participates in any of the following. If you participate in one of these programs, please check the box next to it.

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance For Needy Families (TANF)
- Supplemental Security Income (SSI)
- Unemployed and household income falls below the poverty level
- Sixty (60) years of age or older and household income falls below the poverty income level shown above
- Signed, self-declaration showing that the household income falls below the poverty income level shown above

Authorization for distribution to a third party (if applicable)

Name _____ S/S # _____

NOTICE OF NON-DISCRIMINATION/COMPLAINTS

Discrimination is not permitted by any organization receiving food and/or other household products from the Mississippi Food Network. While not all prohibited basis apply to every organization's mission, any discrimination on the basis of race, color, national origin, sex, age or disability is not permitted.

Complaints regarding discrimination in the distribution of USDA products should be directed to the Mississippi Department of Human Services, P.O. Box 352, Jackson, MS 39205 Attn: Div. Of Economic Assistance or telephone 1-800-948-3050.

Complaints regarding the distribution of products other than USDA should be directed to the Mississippi Food Network, P.O. Box 411, Jackson, MS 39205 or telephone 601-353-7286.

CERTIFICATION

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people as my household, OR that I participate in the program that I have checked on this form and that I live in the geographical area where assistance is being provided. This certification form 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 value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

(Signature)

(Date)

RE-CERTIFICATION - Clients being served more often than once every three months must be re-certified at least once every three months. Clients being served less often than once every three months must be re-certified each time they are served.

RECORD OF RE-CERTIFICATIONS

Date ____ / ____ / ____ By _____ Reason for continuing:

Date ____ / ____ / ____ By _____ Reason for continuing:

Date ____ / ____ / ____ By _____ Reason for continuing:
