

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CLIENT ELIGIBILITY FORM
Effective October 1, 2021 – September 30, 2022**

Date: _____

Name: _____ Age: _____ Number of people in household _____

Address: _____

Phone: _____ Income: _____

List household Members:

	Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Clients are eligible to receive food from TEFAP if the household is at or below the income guidelines OR if the household participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance to Needy Families (TANF)

Supplemental Security Income (SSI)

Income eligibility

<input checked="" type="checkbox"/>	HOUSEHOLD SIZE	GROSS ANNUAL	GROSS MONTHLY	GROSS WEEKLY
	1	\$16,744	\$1,396	\$322
	2	\$22,646	\$1,888	\$436
	3	\$28,548	\$2,379	\$549
	4	\$34,450	\$2,871	\$663
	5	\$40,352	\$3,363	\$776
	6	\$46,254	\$3,855	\$890
	7	\$52,156	\$4,347	\$1,003
	8	\$58,058	\$4,839	\$1,117
	For Each Additional Family Member Add		+\$492	

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Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

*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 **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Mississippi. 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 value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

Signature

Date

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: I authorize _____ to pick up USDA foods on my behalf.

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