



The Emergency Food Assistance Program (TEFAP) Attestation of Eligibility

Recipient Name		Total Household Members		
Street Address		City		ZIP

OPTION 1: Household Income: If your gross annual household income is at or below the amount listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,142	\$33,874	\$42,606	\$51,338	\$60,070	\$68,802	\$77,534	\$86,266

*For each additional family member add \$8,732.

OPTION 2: Categorical Eligibility: You are categorically eligible to receive USDA Foods through TEFAP if your household participates in any of the following programs: **SNAP, WIC, TANF, Medicaid, or SSI.**

By checking here, you attest that the following is true:

1. The recipient's name, address and household size provided above is correct.
2. The recipient resides within New York State (there is no minimum length of residency required).
3. The recipient meets Option 1 and/or Option 2 of TEFAP eligibility guidelines above.
4. This food is for the recipient's home consumption only, and will not be sold, traded or bartered.
5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement below.

Recipient Signature (optional)

Date (required)

USDA Nondiscrimination Statement

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), 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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