

# PANTRY INTAKE FORM HOUSEHOLD APPLICATION FOR USDA FOODS



Name of Household Member: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Zip code is required at minimum. Full address is not required for eligibility.**

Phone Number\*: \_\_\_\_\_ (\*Participant will receive USDA Foods through TEFAP even if a participant refuses to provide their date of birth or phone number)

Name of Proxy (if applicable): \_\_\_\_\_

Address of Proxy: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

This person is designated to pick up food on behalf of the eligible household. The proxy must show ID every time they pick up on behalf of the eligible household.

**If the household receives other assistance, mark the appropriate choice(s) below and skip the “Total Household Income” and crisis situation sections.**

- Supplemental Nutrition Assistance Program (SNAP)       Supplemental Security Income (SSI)  
 Temporary Assistance for Needy Families (TANF)       Medicaid  
 National School Lunch Program (NSLP) (free or reduced-price meals)

Total Household Income: \$ \_\_\_\_\_ per \_\_\_\_\_

## The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines July 1, 2026 – June 30, 2027

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$29,526	\$2,641	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,965	\$1,983
For each additional	+\$10,508	+\$876	+\$438	+\$405	+\$203

ANSWER ONLY if your household does not receive the government assistance listed above AND your income does not fall within the USDA income guidelines above: Was there a crisis situation that caused you to need food?     Yes     No    If yes, please state the situation: \_\_\_\_\_

\_\_\_\_\_

Revised June 24<sup>th</sup>, 2026

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The USDA Certification period is up to twelve months. For crisis food need the certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

- (1) I am a member of the household living at the address provided in Section I and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;
- (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and
- (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.

### Intake Staff or Volunteer Only:

USDA Certification Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Certifier's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Household is eligible based on the following (check appropriate option):

- Receives government assistance listed above    Low income    Crisis food need

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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, audiotope, 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/ad-3027.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

(2) fax: (833) 256-1665 or  
(202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

Revised June 24<sup>th</sup>, 2026