PANTRY INTAKE FORM

HOUSEHOLD APPLICATION FOR USDA FOODS

Name of Household Member: _____

Number of People in Household: _____ Date of Birth*:_____

Address: _____ City_____Zip_____

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

Total Household Income: $ _____ per _____

The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2023 – June 30, 2024

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	$26,973	$2,248	$1,124	$1,038	$519
2	$36,482	$3,041	$1,521	$1,404	$702
3	$45,991	$3,833	$1,917	$1,769	$885
4	$55,500	$4,625	$2,313	$2,135	$1,068
5	$65,009	$5,418	$2,709	$2,501	$1,251
6	$74,518	$6,210	$3,105	$2,867	$1,434
7	$84,027	$7,003	$3,502	$3,232	$1,616
8	$93,536	$7,795	$3,898	$3,598	$1,799
For each additional household member, add:	+$9,509	+$793	+$397	+$366	+$183

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?

O Yes O No If yes, please state the situation: _____

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.

CONTINUED ON REVERSE →

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CONTINUED FROM REVERSE

(1) I am a member of the household living at the address provided in Section II 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):

O Receives government assistance listed above O Low income O Crisis food need

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(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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