

HOPE 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) 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
Pautas de Elegibilidad de Ingresos
July 1, 2025 – June 30, 2026
1 de Julio de 2025 – 30 de Junio de 2026**

| Based on 185% of Federal Poverty Guidelines Basado en el Nivel Federal de Pobreza del 185% | | | | | |
|---|--|---|--|---|---------------|
| Household Size <i>Tamaño del hogar</i> | Annual Income <i>Ingresos Anuales</i> | Monthly Income <i>Ingresos Mensuales</i> | Twice-Monthly Income <i>Ingresos dos veces al mes</i> | Bi-Weekly Income <i>Ingresos Quincenales</i> | Weekly Income |
| 1 | \$28,953 | \$2,413 | \$1,207 | \$1,114 | \$557 |
| 2 | \$39,128 | \$3,261 | \$1,631 | \$1,505 | \$753 |
| 3 | \$49,303 | \$4,109 | \$2,055 | \$1,897 | \$949 |
| 4 | \$59,478 | \$4,957 | \$2,479 | \$2,288 | \$1,144 |
| 5 | \$69,653 | \$5,805 | \$2,903 | \$2,679 | \$1,340 |
| 6 | \$79,828 | \$6,653 | \$3,327 | \$3,071 | \$1,536 |
| 7 | \$90,003 | \$7,501 | \$3,751 | \$3,462 | \$1,731 |
| 8 | \$100,178 | \$8,349 | \$4,175 | \$3,853 | \$1,927 |
| For each additional household member, add / Por Cada miembro adicional del hogar, sume: | +\$10,175 | +\$848 | +\$424 | +\$392 | +\$196 |

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: _____

CONTINUED ON REVERSE →



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CONTINUED FROM REVERSE

I certify that:

(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):

Receives government assistance listed above Low income Crisis food need

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. 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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 **(2)** fax: (202) 690-7442; or **(3)** email: program.intake@usda.gov
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

This institution is an equal opportunity provider.



CENTRAL TEXAS FOOD BANK

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