

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)
 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, 2024 – June 30, 2025

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional household member, add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

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: _____

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.



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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):

Receives government assistance listed above

Low income

Crisis food need

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

Office of the Assistant Secretary for Civil Rights

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