PANTRY INTAKE FORM

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HOUSEHOLD APPLICATION FOR USDA FOODS	

Name of Household (Nember:		
Number of People in Household:	Date of Birth*:_	
Address:	City	Zip
Phone Number*:		
(*Participant will receive USDA Foods through TEFAP even if a participant r		
Name of Proxy (if applicable):		
Address of Proxy:	City	Zip
This person is designated to pick up food on behalf of the elig they pick up on behalf of the eligible household.	gible household. The proxy	must show ID every time
If the household receives other assistance, mark the approp Income" and crisis situation sections.	oriate choice(s) below and	skip the "Total Household
Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF) National School Lunch Program (NSLP) (free or reduced	Medicaid	al Security Income (SSI)
Total Household Income: \$ per per		

The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2024 – June 30, 2025

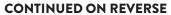
Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$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?

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







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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	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 (2) fax: (202) 690-7442; or Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

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

