



**STATE OF ALABAMA  
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
CERTIFICATION OF ELIGIBILITY  
7 CFR 251**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Number of People in Household: \_\_\_\_\_  
Number in Household 18 & under: \_\_\_\_\_  
Number in Household 60 & over: \_\_\_\_\_

You are eligible to receive food from TEFAP if your household income falls below the poverty income guidelines (see reference chart on the back of this form) or you participate in any of the following programs. Please place a checkmark in the space next to the category that applies.

- \_\_\_\_\_ Temporary Assistance to Needy Families (TANF) *or*
- \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamps) *or*
- \_\_\_\_\_ Supplemental Security Income (SSI) *or*
- \_\_\_\_\_ Income eligibility (**Proof of income is NOT required**)

Please read the following statement carefully and then sign the form and write in today's date. **You only need to meet one of these requirements to be eligible to receive USDA foods.**

*I certify that my yearly household gross income is at or below the income listed on the reference chart for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Alabama. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROXY (OPTIONAL):** I authorize \_\_\_\_\_ to pick up USDA foods on my behalf.

**Designated individual signing on behalf of client or proxy:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
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](mailto:program.intake@usda.gov).



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**FOR REFERENCE PURPOSES ONLY**  
**Proof of Income is NOT required**

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. **The chart below is effective July 1, 2020 - June 30, 2021.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$16,588	\$1,383	\$692	\$638	\$319
2	\$22,412	\$1,868	\$934	\$862	\$431
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103
For each additional family member add:	\$5,824	\$486	\$243	\$224	\$112

**The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.**

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