

The Emergency Food Assistance Program (TEFAP) Application/Self-Declaration of Eligibility Form

Date: _____

Name: _____

Please Print Clearly

Do you currently live in RI? Yes No

Number of People in Household: _____

You are automatically eligible if you, or anyone in your household receives any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSI or SSDI |
| <input type="checkbox"/> Energy Assistance (LIHEAP) | <input type="checkbox"/> RIWorks | <input type="checkbox"/> Temporary Disability |
| <input type="checkbox"/> General Public Assistance | <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Refugee Cash Assistance | | |

The table below shows a yearly gross income for each family size. If your household is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP commodities. This chart represents 300% of the Federal Poverty Line.

Household Size	1	2	3	4	5	6	7	8	9	10
Annual Income	47,880	64,920	81,960	99,000	116,040	133,080	150,120	167,160	184,200	201,240

Please read the following statement carefully, then sign the form and write in today's date:

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that I or someone in my household is currently enrolled in the program checked off above. I also certify that, as of today, my household lives in the area served by the Rhode Island Emergency Food Assistance Program. This certification form is being completed 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 for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

If you are determined eligible, you are considered eligible for future TEFAP distributions up and until annual federal poverty income guidelines change at which time you will re-determine eligibility. If your household income or composition changes prior to that time, you agree to inform the program.

Signature

Date

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, audiotope, 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/ad-3027.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
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

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