Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form

Distribution Agency Site Name: _____

Distribution Agency Site Address: _____

Name of Head of Household: _____

County of Residence: _____ **OR Zip Code:** _____ **Contact Number:** _____
(Optional)

Number in the Household: _____ **Income of the Household:** _____ **Monthly or Weekly** ***(Circle One)***

Household Size	Monthly Income	Weekly Income
1	$2,610	$602
2	$3,526	$813
3	$4,440	$1024
4	$5,358	$1,236
5	$6,274	$1,447
6	$7,190	$1,659
7	$8,108	$1,871
8	$9,024	$2,082
Each additional member	$916	$211

*****This table shows the monthly and weekly income limit 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 TEFAP food******

Please read: I self-attest that my gross household income ***is at or below the income*** listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

_____ _____
(Signature of Head of Household) **(Date)**

Authorized Representative:

I hereby authorize _____ to pick up food for my household.
(Please print)

_____ _____
(Signature of Head of Household) **(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, 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/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

This institution is an equal opportunity provider.