



The Emergency Food Assistance Program (TEFAP) Household Intake

Food Pantry: _____

Contractor: _____

You self-declare that:

Period Covered: _____ to _____

1. Your name and household size provided is correct.
2. Your address provided is correct (new clients) or indicate address changes (returning clients); if homeless, you can put homeless as the address.
3. You reside within this state and organization's service area (There is no minimum length of residency required).
4. Your income is within 400% of the Federal Poverty Guidelines as posted for this distribution.
5. You agree that the members of your household are in need of this food, that the TEFAP food is for home consumption only and will not be sold, traded, or bartered.
6. You will not receive TEFAP commodities from another organization.
7. You have been shown and have read the full USDA Nondiscrimination Statement.

You will not be denied TEFAP food if you refuse to reveal any information that is not a requirement of TEFAP.

You will **never** need to provide your social security number or proof of citizenship.

You will **never** need to provide proof of income.

You will **never** need to provide proof of household size.

Date	Print Name (client) *	Signature (optional)	Address (new clients and/or changes)	Zip Code	Household Size	First Visit (of month)	Repeat Visit

Total Clients: _____ **Total Household Members:** _____ **Total First Visits:** _____ **Total Repeat Visits:** _____

*Client is the individual picking up food on behalf of their household.