



## The Emergency Food Assistance Program (TEFAP) Client Notification

**TEFAP is a self-declaration program. In order to receive TEFAP commodities:**

- You will **never** need to provide your social security number or proof of citizenship.
- You **must** reside in the state of Washington and this organization's service area. (There is no minimum length of residency required.)
- You **must** provide your name, current address (unless homeless), and household size.\*
- You **must** self-declare your household income meets the income guidelines listed below; however, you will **never** need to provide proof of income.

### TEFAP Income Guidelines - 400% of Poverty

Household Size	Annual Income	Monthly Income	Twice per Month Income	Every Two Weeks Income	Weekly Income
1	\$51,040	\$4,253	\$2,127	\$1,963	\$982
2	\$68,960	\$5,747	\$2,873	\$2,652	\$1,326
3	\$86,880	\$7,240	\$3,620	\$3,342	\$1,671
4	\$104,800	\$8,733	\$4,367	\$4,031	\$2,015
5	\$122,720	\$10,227	\$5,113	\$4,720	\$2,360
6	\$140,640	\$11,720	\$5,860	\$5,409	\$2,705
7	\$158,560	\$13,213	\$6,607	\$6,098	\$3,049
8	\$176,480	\$14,707	\$7,353	\$6,788	\$3,394
For each additional family member, add	\$17,920	\$1,493	\$747	\$689	\$345

Effective from July 2020 until notification of the income guidelines for 2021

#### Important things to note:

- You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP.
- TEFAP food is for home consumption only and cannot be sold, traded, or bartered.
- You must not receive TEFAP commodities from multiple locations.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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, (AD-3027 - [ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](https://ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)) found online at: [usda.gov/oascr/how-to-file-a-program-discrimination-complaint](https://usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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:

**Mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**Fax:** (202) 690-7442; or

**Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

\* If your information changes, please notify this organization immediately.

\*\* A copy of the USDA Nondiscrimination Statement is available upon request.

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