Declaratory Statement / Inventory Control for USDA Foods

The Emergency Food Assistance Program (TEFAP). Sites may request but must not require proof of information.

Categorical Eligibility for USDA Foods

TEFAP Income Eligibility Guidelines 4

If a household currently receives one or more of the following types of assistance, the household is automatically eligible

Effective July 1	, 2023 -	- June	30,	2024

es of assistance, the household is		Total Income				
/ eligible	Household Size	Annual	Monthly	Twice- Monthly	Bi- Weekly	Weekly
Categorical Eligibility	1	\$18,954	\$1,580	\$790	\$729	\$365
Supplemental Nutrition Assistance Program	2	\$25,636	\$2,137	\$1,069	\$986	\$493
	3	\$32,318	\$2,694	\$1,347	\$1,243	\$622
Temporary Assistance for Needy Families	4	\$39,000	\$3,250	\$1,625	\$1,500	\$750
	5	\$45,682	\$3,807	\$1,904	\$1,757	\$879
Refugee Assistance	6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007
5	7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136
General Assistance	8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264
Commodity Supplemental Food Program	For each additional, add:	+\$6,682	+\$557	+\$279	+\$257	+\$129

I certify that:

SNAP

TANF

RE

GA

CSFP

1) My household income does not exceed the guideline above 2) USDA commodities are for household consumption only; 3) I will not receive USDA commodities from more than one organization during any given month; 4) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application.

Household Member Print Name	Street Address, City & Zip	Household Size	Distribution Month:			
			Eligible			
		0120	Categorical	Income	Date	

TEFAP Provider Name:	Printed Name & Signature of TEFAP Provider Staff:	Date: