

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBILITY TO TAKE FOOD HOME**

Name: _____
Address: _____

Number of people in
Household: _____

Telephone # _____ (Optional)

This table shows a yearly gross income 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 food.

State of Maine TEFAP Income Guidelines

July 1, 2018 to June 30, 2019
150% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$18,210	\$1518	\$350
2	\$24,690	\$2058	\$475
3	\$31,170	\$2597	\$599
4	\$37,650	\$3138	\$724
5	\$44,130	\$3678	\$849
6	\$50,610	\$4218	\$973
7	\$57,090	\$5948	\$1098
8	\$63,570	\$6623	\$1223
For Each Additional Add	\$6,480	\$675	\$125

You also may be eligible to receive food from TEFAP if your income is greater than that shown in the above table providing you are unable to meet the nutritional needs of your household due to an emergency situation.

Please read the following statement carefully and then sign the form with today's date.

I certify that my annual household gross income is at or below the income listed on this form for households with the same number of people as my household or that the household's nutritional needs are not being met due to an emergency situation or that I have established eligibility in one of the following: a) LIHEAP; b) TANF; c) SSI; d) Medicaid; e) Elderly Low Cost Drug Program; f) Elderly Tax and Rent Refund; or g) SNAP (formerly food stamps). This certification is being submitted 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 agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

(Signature)

(Date)

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