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, 2016 to June 30, 2017
150% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	$17,820	$1485	$343
2	$24,030	$2003	$462
3	$30,240	$2520	$582
4	$36,450	$3038	$701
5	$42,660	$3555	$820
6	$48,870	$4073	$940
7	$55,095	$4592	$1060
8	$61,335	$5112	$1180
For Each Additional Add	$6,240	$520	$120

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)

HOUSEHOLD MEMBERS

Name	Birthdate	Age	SS #	Lic./ St. Id #

Total monthly household income $ _____
Sources of income _____ _____
_____ _____

Do you or any member of your household currently participate in any of the following programs?
_____TANF, _____ SSI, _____ WIC, _____ HEAP,
_____ Food Stamps → dates rec. _____ _____,
_____ Low cost drug program, _____Tax/Rent refund,
_____ Mainecare, Medicare, or Medicaid → Mo. Cost? $ _____

<u>Income information confidentiality waiver and penalty provision.</u>
I consent to the verification of the information contained on this application including my household income. I waive my rights to keep these records confidential from those entities required or authorized by federal or state law, rule, or regulation to verify this information or administer these programs. I also certify that the information contained in this application is accurate and true to the best of my knowledge and belief. If I have intentionally falsified any of the information I understand that I will be liable and could be fined as much as $10, 000.00 and/or imprisoned for up to five years. I also understand that any food received under the Temporary Emergency Food Assistance Program is solely for the use of the eligible household and may not be sold.

Applicants' signature _____ Date _____
Directors' signature _____ Date _____