

| Children (0-17)     |  |
|---------------------|--|
| Adults              |  |
| Seniors (60 and up) |  |

## **Bureau of Food Distribution**

## The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2016 to Jun 30, 2017

| Recipient Name |       |     | Agency Representative Signature Date |              |  |  |  |
|----------------|-------|-----|--------------------------------------|--------------|--|--|--|
|                |       |     | Lamb Cornucopia Food Cupboard        | 215-661-8800 |  |  |  |
| Street Address |       |     | Distribution Site Name               | Number       |  |  |  |
|                |       |     | 499 E. Walnut St. North Wales PA     | 19454        |  |  |  |
| City           | State | Zip | Distribution Site Location           |              |  |  |  |

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

|  | Total Ho | usehold Incom | e (based o | on 150% of P | overty) |        |  |
|--|----------|---------------|------------|--------------|---------|--------|--|
| Household Size                         |          |               |            |              |         |        |  |
| Circle One                             |          | Annual        |            | Monthly      |         | Weekly |  |
| 1                                      | \$       | 17,820        | \$         | 1,485        | \$      | 343    |  |
| 2                                      | \$       | 24,030        | \$         | 2,003        | \$      | 462    |  |
| 3                                      | \$       | 30,240        | \$         | 2,520        | \$      | 582    |  |
| 4                                      | \$       | 36,450        | \$         | 3,038        | \$      | 701    |  |
| 5                                      | \$       | 42,660        | \$         | 3,555        | \$      | 820    |  |
| 6                                      | \$       | 48,870        | \$         | 4,073        | \$      | 940    |  |
| 7                                      | \$       | 55,095        | \$         | 4,591        | \$      | 1,060  |  |
| 8                                      | \$       | 61,335        | \$         | 5,111        | \$      | 1,180  |  |
| For each additional family member add: | \$       | 6,240         | \$         | 520          | \$      | 120    |  |

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

Recipient Signature Date

Return completed form to the agency that provided it to you.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

## **USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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 <a href="USDA Program Discrimination Complaint Form">USDA Program Discrimination Complaint Form</a>, found online at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202)690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

|                                  |              | Date                                       |   |
|----------------------------------|--------------|--|---|
| hereby authorize<br>er it to me. |              | to pick up my                              |   |
|                                  |              | Proxy Signature  Proxy ID Verified         |   |
|                                  | Pennsylvania | Pennsylvania TEFAP Proxy  hereby authorize | hereby authorize to pick up my er it to me. |