

**STATE OF DELAWARE  
FEDERAL FOOD COMMODITIES PROGRAM  
ELIGIBILITY TO TAKE FOOD HOME**

TEFAP Agency \_\_\_\_\_

Revised 2/26/2024

Name: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Address: \_\_\_\_\_

This table shows an annual 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

Household Size	Annual Income	Monthly Income	Weekly Income
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
For each additional family member add:	+9,953	+830	+192

**Income is less than listed on above income scale.**

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please place a check next to the program.

\_\_\_\_\_ SNAP (FOOD STAMPS)      \_\_\_\_\_ Medicaid      \_\_\_\_\_ GA      \_\_\_\_\_ SSDI

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written

description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) **fax:**  
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Please read the following statement carefully. Then sign the form and write in today's date.**

I certify that my annual 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 my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Delaware Emergency Food Assistance Program. This certification form is being completed 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 for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Proxy Signature)

\_\_\_\_\_  
(Date)

Proxy Address  
\_\_\_\_\_  
\_\_\_\_\_  
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