

**Indiana State Department of Health
The Emergency Food Assistance Program (TEFAP)
Effective July 1, 2020**

PRINT

Name: _____

Address: _____

City: _____ Number in Household: _____

Recipient listed provided the information above and attests to household income falling at or below income guidelines below.

HOUSEHOLD PARTICIPATES IN (categorical eligibility for TEFAP):

Women, Infants, and Children (WIC)

Supplemental Nutrition Assistance Program (SNAP)

National School Lunch Program (NSLP)

INCOME GUIDELINES (185%)					
HOUSEHOLD SIZE	HOUSEHOLD INCOME		HOUSEHOLD SIZE	HOUSEHOLD INCOME	
	(Monthly)	(Annual)		(Monthly)	(Annual)
1	\$1,968	\$23,606	4	\$4,040	\$48,470
2	\$2,658	\$31,894	5	\$4,730	\$56,758
3	\$3,349	\$40,182	6	\$5,421	\$65,046

For each additional household member add \$691.00 per month

OPTIONAL: _____ # 0-5 _____ #6-17 _____ #18-54 _____ #55-59 _____ #60-64 _____ #65+ _____ # Veteran

Date	Staff / Volunteer Initials	Date	Staff / Volunteer Initials	Date	Staff / Volunteer Initials

This institution is an equal opportunity provider.