

Second Harvest North Florida
 1502 Jessie St.
 Jacksonville, FL 32206



St. Matthew's Lutheran Church
EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME

7 CFR 251

Phone Number: _____

Name: _____

Number of People In Household: _____

Address: _____

Number of Children: _____

County: _____

The following 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. **The chart below is effective July 1, 2011 - June 30, 2012.**

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$14,157	\$1,180	\$271
2	\$19,123	\$1,594	\$368
3	\$24,089	\$2,008	\$464
4	\$29,055	\$2,422	\$559
5	\$34,021	\$2,836	\$655
6	\$38,987	\$3,249	\$750
7	\$43,953	\$3,663	\$846
8	\$48,919	\$4,077	\$941
For each additional family member add:	+\$4,966	+\$414	+\$96

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- _____ Income eligibility
- _____ Supplemental Nutrition Assistance Program (SNAP) (fka Food Stamps)
- _____ Temporary Assistance to Needy Families (TANF)
- _____ Supplemental Security Income (SSI)
- _____ Medicaid

Please read the following statement carefully and then sign the form and write in today=s date. You only need to meet one of these requirements to be eligible to receive USDA commodities.

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. 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

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: I authorize _____ to pick up USDA foods on my behalf.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.