

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME  
FROM FOOD PANTRIES**

Name: \_\_\_\_\_

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

\_\_\_\_\_ County \_\_\_\_\_

Number of people living in the above household:  
\_\_\_ (under 18 yr. old) \_\_\_ (18-59 yr. old) \_\_\_ (over 59 yr. old) Total # in Household: \_\_\_\_\_

The attached (or posted) income 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. Check below if you meet the established income eligibility.

\_\_\_\_\_ Income eligibility

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in any of these programs, please place a check mark in the space(s) next to all that apply

- \_\_\_\_\_ (FS) Food Stamps
- \_\_\_\_\_ (SSI) Supplementary Security Income or Medicaid (NOT Social Security)
- \_\_\_\_\_ (TANF) Temporary Assistance For Needy Families (formerly AFDC)
- \_\_\_\_\_ (PH) Residence in Public Housing funded by Municipal, County, State, or Government

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 the information provided on this form is true to the best of my knowledge. 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) I have checked on this form. 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 Florida Department of Agriculture 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 of Recipient* \_\_\_\_\_  
*Date*

*THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR. Any changes in the household circumstances must be reported to the distributing agency immediately.*

**“In accordance with the 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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 790 5694 (voice and TDD). USDA is an equal opportunity provider and employer.”**