

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
MARYLAND SELF DISCLOSURE FORM**

SITE: _____ DATE: _____ NUMBER IN HOUSEHOLD: _____

CHECK PICTURE I.D. FOR PROOF OF IDENTITY AND ADDRESS: YES _____ NO _____

CATEGORY OF ELIGIBILITY: **CHECK WHAT APPLIES**

- SNAP Recipient Medical Assistance Recipient TANF Recipient
 Unemployment Recipient Energy Assistance Recipient
 Household income at or below 150% of the Federal Poverty Guidelines as shown below

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Income Eligibility Guidelines Effective October 1, 2021**

Household Size	Annual Income	Monthly Income
1	\$19,320	\$1,610
2	\$26,130	\$2,178
3	\$32,940	\$2,745
4	\$39,750	\$3,313
5	\$46,560	\$3,880
6	\$53,370	\$4,448
7	\$60,180	\$5,015
8	\$66,990	\$5,583
For each additional household member, add:	+ \$6,810	+ \$567

APPLICANT

AUTHORIZED PROXY

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE ZIP CODE

CITY/STATE ZIP CODE

USDA Nondiscrimination Statement

All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following 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) 877-8330. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, 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, DC 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

APPLICANT SIGNATURE: _____ AUTHORIZED PROXY SIGNATURE: _____