Certification of Eligibility THE EMERGENCY FOOD ASSISTANCE PROGRAM





FORM INSTRUCTIONS

Agency staff must complete the lines for agency name and certify the household as Approved Public Assistance (PA), Approved Income (AI), or Denied.

The head of household (or authorized representative) will print their name and sign one row on the front of this form and complete the following: Household size, street address, city, phone (if applicable) and date.

A household may meet TEFAP income-based standards in either of the following two ways:

| 1. | Par | rticipate in | one of thes | e public a | assistance p | rograms | (PA) |
|----|-----|--------------|-------------|------------|--------------|------------|------|
| | | SNAP, Su | pplementa | l Nutritio | n Assistano | ce Program | m |

☐ WIC, Women, Infant and Children

☐ School Meals Free or Reduced Eligible

☐ TANF, Temporary Assistance to Needy Families

☐ SSI, Social Security Supplemental

2. If the household does not participate in any of the above public assistance programs, the household must have a combined gross income that does not exceed the maximum income limit for the applicable household size. (AI)

2023 TEFAP Income Guidelines

| Household Size | Maximum Weekly | Maximum Monthly | Maximum Annual |
|---------------------|------------------|------------------|------------------|
| | Household Income | Household Income | Household Income |
| 1 | \$519 | \$2,248 | \$26,973 |
| 2 | \$702 | \$3,041 | \$36,482 |
| 3 | \$885 | \$3,833 | \$45,991 |
| 4 | \$1,068 | \$4,625 | \$55,500 |
| 5 | \$1,251 | \$5,418 | \$65,009 |
| 6 | \$1,434 | \$6,210 | \$74,518 |
| 7 | \$1,616 | \$7,003 | \$84,027 |
| 8 | \$1,799 | \$7,795 | \$93,536 |
| For each additional | | | |
| family member, add | \$183 | \$793 | \$9,509 |

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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) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination</u> 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, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: <u>program.intake@usda.gov.</u>

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