

TEFAP ELIGIBILITY FORM FOR SICK/SHUT-IN CLIENTS October 2016 - September 2017

Wake County residents only

The following persons are authorized to pick up my food:

1. _____ 2. _____

Signature of person picking up food: _____
 (Signature) (Date)

Note: The following may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Name: _____ **Number of people in household:** _____

Address: _____ **County:** _____

The following 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. A household is defined as a group of people who live together and share money and other resources in order to get food. Please look at the income scale below to determine if your household is eligible for TEFAP

OR
If you are currently participating in the food stamp program you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Please check yes if your household is currently receiving food stamps: ___yes ___no

Signature of Agency Representative: _____ **Date:** _____

Effective October 2016 through September 2017 (Household gross income must be at or below for appropriate size household.)			
HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$23,760	\$1,980	\$457
2	\$32,040	\$2,670	\$616
3	\$40,320	\$3,360	\$775
4	\$48,600	\$4,050	\$935
5	\$56,880	\$4,740	\$1,094
6	\$65,160	\$5,430	\$1,253
7	\$73,464	\$6,122	\$1,413
8	\$81,792	\$6,816	\$1,573
EACH ADDITIONAL FAMILY MEMBER	\$8,328	\$694	\$160

Please provide your household's income on one of the lines below.

Per Year \$ _____.

Per Month \$ _____.

Per Week \$ _____.

Please read the following statement carefully. Then sign the form and write in today's date.
I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

 (Signature) (Date)

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