



**Indiana State Department of Health  
The Emergency Food Assistance Program (TEFAP)  
Effective April 2, 2020**

PLEASE PRINT

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

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

Zip Code: \_\_\_\_\_ Number in Household: \_\_\_\_\_

**MY HOUSEHOLD PARTICIPATES IN (automatic eligibility for TEFAP):**

**Women, Infants, and Children (WIC)**

**Supplemental Nutrition Assistance Program (SNAP)**

**National School Lunch Program (NSLP)**

**I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING GUIDELINES:**

<b>INCOME GUIDELINES (185%)</b>					
<b>HOUSEHOLD SIZE</b>	<b>HOUSEHOLD INCOME</b>		<b>HOUSEHOLD SIZE</b>	<b>HOUSEHOLD INCOME</b>	
	<b>(Monthly)</b>	<b>(Annual)</b>		<b>(Monthly)</b>	<b>(Annual)</b>
<b>1</b>	<b>\$1,968</b>	<b>\$23,606</b>	<b>4</b>	<b>\$4,040</b>	<b>\$48,470</b>
<b>2</b>	<b>\$2,658</b>	<b>\$31,894</b>	<b>5</b>	<b>\$4,730</b>	<b>\$56,758</b>
<b>3</b>	<b>\$3,349</b>	<b>\$40,182</b>	<b>6</b>	<b>\$5,421</b>	<b>\$65,046</b>

**For each additional household member add \$691.00 per month**

OPTIONAL: # 0-5 #6-17 #18-54 #55-59 #60-64 #65+ # Veteran

**I ACKNOWLEDGE THAT THE STATE OF INDIANA AND THIS DISTRIBUTION AGENCY HAVE NO CONTROL OVER THE MANUFACTURING OF THIS DONATED PRODUCT AND CONSEQUENTLY DO NOT WARRANT THE CONDITION, QUALITY, OR CONTENT OF THE USDA DONATED COMMODITY.**

<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>

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