



Indiana State Department of Health
The Emergency Food Assistance Program (TEFAP)
Effective January 2020

I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING INCOME GUIDELINES (185%):

HOUSEHOLD SIZE	INCOME MONTHLY	INCOME ANNUALLY	HOUSEHOLD SIZE	INCOME MONTHLY	INCOME ANNUALLY
1	\$1,926	\$23,107	4	\$3,970	\$47,638
2	\$2,607	\$31,284	5	\$4,652	\$55,815
3	\$3,289	\$39,461	6	\$5,333	\$66,992

For each additional household member add \$682.00 per month

HOUSEHOLDS PARTICIPATING IN Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), or National School Lunch Program (NSLP) are automatic eligibility for TEFAP

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.

Date	Printed Name	Street Address	City	HH Size	WIC SNAP NSLP	# 0-5	# 6-17	# 18-54	# 55-59	# 60-64	# 65 +	# Veteran	Signature