

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP):
ELIGIBILITY TO TAKE FOOD HOME**

Name: _____

Number of people in
household: _____

Address: _____

This 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.

[Insert State's TEFAP family-size/income guidelines.]

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the space next to it.

- Low Income Energy Assistance (LIEAP)
- Supplemental Security Income (SSI)
- Food Stamps/SNAP
- Temporary Assistance for Needy Families (TANF)

Please read the following statement carefully. Then sign the form and write in today's date.

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Oregon Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

(Signature)

(Date [01])