Lubec Community Food Pantry

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

Name: ___________________________
Address: ___________________________
____

Number of people in Household: __________

Telephone #__________ (Optional)

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.

State of Maine TEFAP Income Guidelines
July 1, 2017 to June 30, 2018
150% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	$18,090	$1508	$348
2	$24,360	$2030	$469
3	$30,630	$2553	$589
4	$36,900	$3075	$710
5	$43,170	$3598	$830
6	$49,440	$4120	$951
7	$55,710	$4643	$1071
8	$61,980	$5165	$1192
For Each Additional Add	$6,270	$654	$121

You also may be eligible to receive food from TEFAP if your income is greater than that shown in the above table providing you are unable to meet the nutritional needs of your household due to an emergency situation.

Please read the following statement carefully and then sign the form with today's date.

I certify that my annual household gross income is at or below the income listed on this form for households with the same number of people as my household or that the household's nutritional needs are not being met due to an emergency situation or that I have established eligibility in one of the following: a)LIHEAP; b)TANF; c)SSI, d)Medicaid; e) Elderly Low Cost Drug Program; f) Elderly Tax and Rent Refund; or g) SNAP(formerly food stamps). This certification is being submitted 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 agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

___________________________________ (Signature)

____________________ (Date)

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Lubec Community Food Pantry

Your Age: _____ DOB: ________ Single: ____ Married: ____ Widowed: ____

PLEASE PRINT!

NAMES OF PEOPLE LIVING AT THE ADDRESS ON THE OTHER SIDE OF THIS FORM:

Spouse/Partner/Roommate(s): ________________________________Age _______ DOB_________ M/F

________________________________Age _______ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Child: ______________________________________Age _________ DOB_________ M/F

Other: ______________________________________Age _________ DOB_________ M/F

Have you applied for general assistance from your town? Yes: _______ No: _______

Are you currently using another Food Pantry? Yes: ______ No: _______

Are you currently receiving SNAP benefits? Yes: ______ No: _______

Are you a veteran? Yes: _____ No: _____

I understand that the food provided is for temporary, emergency need. It is for my household only and shall not be sold or exchanged for any reason.

I hereby guarantee to the Lubec Community Food Pantry, their volunteers, and the donors of any food product which I receive from the food pantry, that I will hold them harmless of any and all liabilities, claims, causes of action suits of law, or inequity or any obligation whatsoever arising out of or attributed to any action of myself, members of my household, or others who share in the use or consumption of those donated products supplied to me or in connection with the volunteer help at the Lubec Community Food Pantry and or use of food pantry property.

_____________________________________ _____________________________

Signature Date