



pennsylvania
DEPARTMENT OF AGRICULTURE

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The Emergency Food Assistance Program

"Self Declaration of Need"

Effective July 1, 2011 to June 30, 2012

Recipient Name (last, first)

Agency Representative Signature Date

Street Address

Project SHARE 717-249-7773

Distribution Site Name Number

City State Zip

Distribution Site Location Carlisle

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below.

Total Household Income (based on 150% of Poverty)				
Household Size				
circle one		Annual	Monthly	Weekly
1	\$	16,335	\$ 1,361	\$ 314
2	\$	22,065	\$ 1,839	\$ 424
3	\$	27,795	\$ 2,316	\$ 535
4	\$	33,525	\$ 2,794	\$ 645
5	\$	39,255	\$ 3,271	\$ 755
6	\$	44,985	\$ 3,749	\$ 865
7	\$	50,715	\$ 4,226	\$ 975
8	\$	56,445	\$ 4,704	\$ 1,085
<i>For each additional family member add:</i>		\$ 5,730	\$ 478	\$ 110

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

Recipient Signature

Date

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

The Emergency Food Assistance Program
Pennsylvania TEFAP Proxy Form

Date _____

I _____ hereby authorize _____ to pick up my
TEFAP Food Package and deliver it to me.

Client Signature

Proxy Signature

Pantry Representative

Proxy ID Verified