HOPE INTAKE FORM

HOUSEHOLD APPLICATION FOR USDA FOODS

Name of Household Member: _____

Number of People in Household: _____ Date of Birth*:_____

Address: _____ City_____Zip_____

Phone Number*: _____

*(*Participant will receive USDA Foods through TEFAP even if a participant refuses to provide their date of birth or phone number)*

Name of Proxy (if applicable): _____

Address of Proxy: _____City_____Zip_____

This person is designated to pick up food on behalf of the eligible household. The proxy must show ID every time they pick up on behalf of the eligible household.

If the household receives other assistance, mark the appropriate choice(s) below and skip the "Total Household Income" and crisis situation sections.

___ Supplemental Nutrition Assistance Program (SNAP)
___ Temporary Assistance for Needy Families (TANF)
___ National School Lunch Program (NSLP) (free or reduced-price meals)
___ Supplemental Security Income (SSI)
___ Medicaid

Total Household Income: $ _____ per _____

The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2023 – June 30, 2024

Based on 185% of Federal Poverty Guidelines

Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	$26,973	$2,248	$1,124	$1,038	$519
2	$36,482	$3,041	$1,521	$1,404	$702
3	$45,991	$3,833	$1,917	$1,769	$885
4	$55,500	$4,625	$2,313	$2,135	$1,068
5	$65,009	$5,418	$2,709	$2,501	$1,251
6	$74,518	$6,210	$3,105	$2,867	$1,434
For each additional household member, add:	+$9,509	+$793	+$397	+$366	+$183

ANSWER ONLY if your household does not receive the government assistance listed above AND your income does not fall within the USDA income guidelines above: Was there a crisis situation that caused you to need food?

○ Yes ○ No If yes, please state the situation: _____

The USDA Certification period is up to twelve months. For crisis food need the certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

CONTINUED ON →

HOPE INTAKE FORM

HOUSEHOLD APPLICATION FOR USDA FOODS

CONTINUED FROM REVERSE

I certify that:

(1) I am a member of the household living at the address provided in Section II and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.

INTAKE STAFF OR VOLUNTEER ONLY:

USDA Certification Period: ___/___/____ to ___/___/____ **Certifier's Signature:** _____ **Date:** ___/___/___

Household is eligible based on the following (check appropriate option):

O Receives government assistance listed above O Low income O Crisis food need

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.