

## The Emergency Food Assistance Program (TEFAP) Proxy Form

**Instructions:** Please complete this form in ink and cannot be altered once completed by the TEFAP recipient. **This form must be presented at the distribution site by the Proxy picking up any TEFAP food for the recipient.** Do not mail or email this form.

### **TEFAP Participant Section**

Organization Type:  Food Bank  Food Pantry  Mobile Food Pantry\*  Soup Kitchen

**\*If Mobile Food Pantry, proxy designation must be completed for each distribution\***

Date Form Completed: \_\_\_\_\_

**\*Proxy certification period is valid up to one year after date signed, or until TEFAP Income Eligibility Guidelines are updated.**

### **Required information:**

TEFAP Participant's Name: \_\_\_\_\_

Household size: \_\_\_\_\_

I hereby designate \_\_\_\_\_ (first and last name of Proxy)  
to serve as my proxy provide eligibility information, and pick up my TEFAP USDA foods from the following agency:  
\_\_\_\_\_ (agency name & distribution site location).

TEFAP Participant's Signature: \_\_\_\_\_

### **Optional information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household member ages (0-17): \_\_\_\_\_ (18-59): \_\_\_\_\_ (60+): \_\_\_\_\_

### **TEFAP Proxy Section**

**As a TEFAP Proxy, I am required to ensure that the TEFAP Participant self declares their income falls within the TEFAP Income Eligibility Guidelines on page 2.**

**In addition, I understand that I must present a valid ID to receive TEFAP foods on behalf of the TEFAP Participant and provide my signature on the TEFAP Self-Declaration Form in the follow manner: PROXY; (Proxy's Signature).**

TEFAP Proxy's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**The Emergency Food Assistance Program (TEFAP)  
Income Eligibility Guidelines (IEG)**

Household Size	Annual Income	Monthly Income	Weekly Income
<b>1</b>	\$29,526	\$2,461	\$568
<b>2</b>	\$40,034	\$3,337	\$770
<b>3</b>	\$50,542	\$4,212	\$972
<b>4</b>	\$61,050	\$5,088	\$1,175
<b>5</b>	\$71,558	\$5,964	\$1,377
<b>6</b>	\$82,066	\$6,839	\$1,579
<b>7</b>	\$92,574	\$7,715	\$1,781
<b>8</b>	\$103,082	\$8,591	\$1,983
<b>For Each Additional Family Member, Add:</b>	\$10,508	\$876	\$203

Note: You will not be required to provide proof of income or your social security number. You will not be denied TEFAP foods if you refuse to reveal any information that is not a requirement of TEFAP. However, an agency may require further participant information for use with other programs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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](mailto:program.intake@usda.gov).