

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

***Effective July 1, 2023, through June 30, 2024**

****Form must be completed in ink and cannot be altered once completed**

TEFAP Participant

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 July 1-June 30 as associated with the Income Eligibility Guidelines

TEFAP Participant's Name: _____

Address: _____

City: _____ Zip Code: _____

I hereby designate _____ (first and last name of Proxy)
to serve as my proxy to sign required TEFAP Participant documents, provide eligibility information, and pick up my TEFAP
USDA foods from the following agency:

TEFAP Participant's Signature: _____

TEFAP Proxy

I understand that, as their TEFAP Proxy, I take full responsibility for the actions of my TEFAP participant. As a TEFAP Proxy, I am required to ensure that the TEFAP Participant's income falls within the TEFAP income eligibility guidelines and that all the necessary TEFAP paperwork has been completed.

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)
*Effective July 1, 2023, through June 30, 2024**

Household Size	Annual Income	Monthly Income	Twice per Month Income	Every Two Weeks 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
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For Each Additional Family Member, Add:	\$9,509	\$793	\$397	\$366	\$183

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.

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- (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.

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