

The Emergency Food Assistance Program (TEFAP) Proxy Form

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: _____

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [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.

This institution is an equal opportunity provider.



TEFAP INCOME ELIGIBILITY GUIDELINES

The below income scales from The Emergency Food Assistance Program (TEFAP) indicate that you are eligible to receive commodity foods if you are at or below the income listed for the number of people in your household.

Effective March 21, 2022

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
For each additional family member, add:	\$8,732	\$728	\$168

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.

- I certify that our gross household income is at or below the income listed on this form for households with the same number of people as my household.
- I also certify that, as of today, my household lives in the area served by the South Dakota Emergency Food Assistance Program.
- This certification form is being completed 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 statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

The Emergency Food Assistance Program (TEFAP) is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost.

This institution is an equal opportunity provider.