



Children (0-17) \_\_\_\_\_  
 Adults \_\_\_\_\_  
 Seniors (60 and up) \_\_\_\_\_

**Bureau of Food Distribution**

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

"Self Declaration of Need"

Effective July 1, 2020 to Jun 30, 2021

Recipient Name \_\_\_\_\_

Agency Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

**BSCCA**  
 Distribution Site Name \_\_\_\_\_ Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3000 W. MASTER ST, PHILA, PA 19121**  
 Distribution Site Location \_\_\_\_\_

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. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Total Household Income (based on 150% of Poverty)				
Household Size		Annual	Monthly	Weekly
Circle One				
1	\$	19,140	\$ 1,595	\$ 368
2	\$	25,860	\$ 2,155	\$ 497
3	\$	32,580	\$ 2,715	\$ 627
4	\$	39,300	\$ 3,275	\$ 756
5	\$	46,020	\$ 3,835	\$ 885
6	\$	52,740	\$ 4,395	\$ 1,014
7	\$	59,460	\$ 4,955	\$ 1,143
8	\$	66,180	\$ 5,515	\$ 1,273
For each additional family member add:		\$ 6,720	\$ 560	\$ 129

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 \_\_\_\_\_



Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

**THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.**

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

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