

Statement of Eligibility to Receive USDA Foods from The Emergency Food Assistance Program (TEFAP)

Name: _____ Number in household: _____

Address (optional): _____

Phone Number (optional): _____
(phone number may be used to notify you if there is a food safety recall)

TEFAP Income Eligibility Guidelines Effective July 1, 2025 - June 30, 2026

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$46,950	\$3,913	\$1,956	\$1,806	\$903
2	\$63,450	\$5,288	\$2,644	\$2,440	\$1,220
3	\$79,950	\$6,663	\$3,331	\$3,075	\$1,538
4	\$96,450	\$8,038	\$4,019	\$3,710	\$1,855
5	\$112,950	\$9,413	\$4,706	\$4,344	\$2,172
6	\$129,450	\$10,788	\$5,394	\$4,979	\$2,489
7	\$145,950	\$12,163	\$6,081	\$5,613	\$2,807
8	\$162,450	\$13,538	\$6,769	\$6,248	\$3,124
For each additional household member add	\$16,500	\$1,375	\$688	\$635	\$317

Do not count any benefits from 3SquaresVT as part of your income when deciding if you meet these guidelines.

By signing below, I certify that I am eligible to receive USDA Foods from TEFAP because my household income is at or below the above guidelines, and I live in the State of Vermont.

Signature	Date
_____	_____

USDA Regulations require that you sign this statement the first time that you receive USDA Foods from TEFAP during the period of eligibility. The period of eligibility runs July 1 - June 30. This statement will be kept on file at the food pantry where you receive USDA Foods from TEFAP.

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; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov