

Head of Household Name: \_\_\_\_\_ **Intake Form July 2016 - June 2017**

**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **School District:** \_\_\_\_\_  Proof of address provided

**Do you have access to the following?** \_\_\_ Stove \_\_\_ Refrigerator \_\_\_ Microwave \_\_\_ Can opener

**Are you are receiving:**

\_\_\_ SNAP (Food Stamps) \_\_\_ WIC \_\_\_ HEAP \_\_\_ Unemployment \_\_\_ Disability \_\_\_ SSI  
\_\_\_ Public Assistance \_\_\_ Reduced Free Lunch \_\_\_ Health Insurance

**Program made referrals to:**

\_\_\_ SNAP \_\_\_ WIC \_\_\_ HEAP \_\_\_ Health Insurance \_\_\_ Child Nutrition Program \_\_\_ DSS

**Do you have any dietary restrictions?** \_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all members of the household**

First Name	Last name	Age	





TEFAP: The Emergency Food Assistance Program

**Income Eligibility Guidelines: July 1, 2016 to June 30, 2017**

Note: Eligibility is set at 185% of the U.S. poverty Guidelines

Household Size	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person add	+\$7,696	+\$642	+\$148