I.D.	
Mail	



Iowa Department of Human Services

The Emergency Food Assistance Program (TEFAP) Eligibility

Name	Number of people in your household
Full physical address	
You are eligible to receive food from TEFAP if your household following programs. Please check the box next to the programs.	
☐ Food Assistance (SNAP) ☐ Free	e or Reduced Lunches
Or, you qualify to receive food from TEFAP if your household listed for the number of people in your household. The table guidelines (before taxes) per family size.	

TEFAP Income Guidelines Effective July 1, 2016 – June 30, 2017

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member add:	+7,696	+642	+321	+296	+148

Please read the following statement carefully. If you agree, please sign and date the form:

I certify that my household income is at or below the income listed on this form for our household size, OR that my household receives Food Assistance or free or reduced lunches as indicated. I also certify that, as of today, my household lives in lowa. I acknowledge that program officials may verify what I have stated to be true.

Signature	Date

This institution is an equal opportunity provider.

Additional information required by The Lord's Cupboard



The people who live in your home *full-time*:

Name	Age	Birth date	Food restrictions / Allergies
elephone number:			
Service Schedule:			
The Lord's Cupboard come in <i>once every 3</i>	-	•	
	•		each week for bread. If will offer you a package.

initial that you understand