

STATE OF ALABAMA
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY
7 CFR 251

Name: _____
Address (Optional): _____
County: _____
Phone Number: _____

Number of People in Household: _____
Number in Household 18 & under: _____
Number in Household 60 & over: _____
Number of Veterans in Household: _____

You are eligible to receive food from TEFAP if your household income falls below the poverty income guidelines (see reference chart) or if you participate in any of the following programs. Please place a checkmark in the space next to the category that applies.

- _____ Temporary Assistance to Needy Families (TANF) *or*
- _____ Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamps) *or*
- _____ Supplemental Security Income (SSI) *or*
- _____ Income eligibility (**Proof of income is NOT required**)

Please read the following statement carefully and then sign the form and write in today's date. **You only need to meet one of these requirements to be eligible to receive USDA foods.**

*I certify that my yearly household gross income is at or below the income listed on the reference chart for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Alabama. This certification is being submitted 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 certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

Signature

Date

PROXY (OPTIONAL): I authorize, _____ to pick up USDA foods on my behalf.

Designated proxy signature (optional):

Signature: _____

Date: _____

Agency Representative Signature: _____

Date: _____

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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FOR REFERENCE PURPOSES ONLY
Proof of Income is NOT required

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

The chart below is effective for Program Year 2026 - 2027.
(185% of Federal Poverty Guidelines)

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,350	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,754	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,158	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,562	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,966	\$1,983
For each additional family members add:	\$10,508	\$876	\$438	\$406	\$203

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year), and weekly income.