



The Emergency Food Assistance Program (TEFAP) Proxy Statement Form- Effective July 1, 2022

PANTRY: _____ **COUNTY:** _____

ADDRESS: _____

INCOME GUIDELINES (185%)

HH SIZE	MONTHLY	ANNUALLY	HH SIZE	MONTHLY	ANNUALLY
1	\$2,096	\$25,142	4	\$4,279	\$51,338
2	\$2,823	\$33,874	5	\$5,006	\$60,070
3	\$3,551	\$42,606	6	\$5,734	\$68,802
For each additional household member add \$728 per month					

Categorical eligibility:

Women, Infants, and Children
(**WIC**) _____
Supplemental Nutrition Assistance
Program (**SNAP**) _____
National School Lunch Program
(**NSLP**) _____

OPTIONAL: ___# 0-5 ___#6-17 ___#18-54 ___#55-59 ___#60-64 ___#65+ ___# Veteran

RECIPIENT INFORMATION

NAME		HOUSEHOLD SIZE
ADDRESS	CITY	ZIP

PROXY INFORMATION

NAME		
ADDRESS	CITY	ZIP

Proxy designation is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
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Site personnel completing form _____

Date _____

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