State of Idaho
Emergency Food Assistance Program (TEFAP)
Application for Home Consumption

TEFAP intake must be performed prior to requesting additional information. Income eligibility and Idaho residency are the only requirements for TEFAP eligibility. Providing additional information will not affect eligibility to receive TEFAP.

INCOME ELIGIBILITY ***(Effective October 1, 2026-September 30, 2027)***	
Family Size	*Gross Monthly Income*
1	$2,660.00
2	$3,606.67
3	$ 4553.33
4	$ 5500.00
5	$ 6,446.67
6	$ 7,393.33
7	$ 8,340.00
8	$ 9,286.67
Each Additional	$ 946.67

The table above shows a monthly 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.

Client's Name: _____

City or Zip Code : _____

# of Household Members: _____

Please fill in the blanks above and read the following statement carefully. Then sign the form and write in today's date.

I certify that my monthly gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the state of Idaho. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

☐ I authorize a third-party to receive food on my behalf.

_____
Participant Signature

_____
Representative Signature (participant unable to sign)

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 https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-usda-discrimination-complaint/how-file-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
Washington, DC 20250-9410
(2) Fax: (833) 256-1665 or (202) 690-7442
(3) Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

_____
Date

Applications are required to be completed if eligibility changes and annually at the start of each program year.

Rev. 07/01/2024

TEFAP Written Notice of Beneficiary Rights

Name of Organization: Idaho Department of Health and Welfare

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;

2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;

3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and

4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights Executive Director
   Center for Civil Rights Enforcement
   1400 Independence Avenue SW
   Washington, DC 20250–9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:

Idaho Department of Health and Welfare:
- By Phone: 211
- Online: https://healthandwelfare.idaho.gov/food-sites

AND/OR

The USDA Hunger Hotline:
• By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
• By Text: 914-342-7744 with a question that may contain a keyword such as “food," “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or urgent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.