



**I CERTIFY BY MY SELF-DECLARATION AND THE RECEIPT OF USDA/TEFAP FOODS THAT:**

- I have reviewed The Emergency Food Assistance Program eligibility criteria listed below.
- All household members receive some form of public assistance or have a combined monthly gross income that does not exceed the income guidelines shown on the eligibility criteria sheet
- All members of my household are residents of Missouri
- Members of my household have not received TEFAP foods more than twice in the current calendar month

**I UNDERSTAND:**

- I may be prosecuted under current laws for accepting food for which I am not eligible.
- TEFAP foods may not be sold, traded, given away or otherwise diverted from my household's use.

**ELIGIBILITY CRITERIA**

**A household may meet TEFAP income based standards in either of the following two ways:**

- 1) Be a Public Assistance (PA) household because all members of the household receive (or are included in the grant for) one or more forms of public assistance.**
- 2) If the household is not eligible as a Public Assistance household, then the gross income of the household cannot exceed the maximum income limit for the applicable household size. (NPA)**

**NOTE: Households eligible under #1 above shall not have their income explored under #2 above.**

**ELIGIBILITY GUIDELINES  
 (Effective April 1, 2022)**

**Public Assistance Includes, but is not limited to:**

- Food Stamps/SNAP
- Low Income Home Energy Assistance (LIHEAP)
- Low Income Home Water Assistance (LIHWAP)
- MO HealthNet (Formerly Medicaid)
- Public Housing Assistance (HUD, Section 8)
- Supplemental Aid to the Blind (SAB)
- Supplemental Security Income (SSI)
- Temporary Assistance (TA)/TANF
- Women, Infants, and Children (WIC)

185%  
of Federal Poverty

HOUSE-HOLD SIZE	MONTHLY INCOME
1	\$2,095
2	\$2,823
3	\$3,550
4	\$4,278
5	\$5,006
6	\$5,733
7	\$6,461
8	\$7,189

**NOTE:** Medicare, Social Security, Social Security Disability Insurance (SSDI), Unemployment Compensation and VA Benefits are **NOT** forms of Public Assistance

For each additional household member over 8, add \$728.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/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 (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

**INSTRUCTIONS FOR USE OF THE  
APPLICATION FOR RECEIPT OF USDA FOODS  
(FORM FD-15A)**

The Application for Receipt of USDA Foods is a two part form. FD-15A-Part 1 lists the Eligibility Criteria for The Emergency Food Assistance Program and the USDA civil rights nondiscrimination statement. FD-15A-Part 2 lists the declaration statements and contains fields to capture the required information about the applicant and their household.

**Food Pantry Staff shall:**

1. Display the FD-15A Part 1 and Part 2 together at the sign-in area. Applicants **must** review the eligibility criteria prior to entering information or signing on Part 2.
2. Enter the FOOD PANTRY NAME and DISTRIBUTION MONTH AND YEAR on the FD-15A Part 2 form.
3. Certify household eligibility or denial by completing the Approved PA, Approved NPA or DENIED boxes on Part 2.
  - If all members of the household receipt Public Assistance, mark the Approved PA box.
  - If there is a member of the household that does not receive a type of Public Assistance, the household must meet the income guidelines for the program. If the household is eligible by income guidelines, mark the approved NPA box.
  - If the household does not meet the eligibility criteria, mark the DENIED box.

**The head of the household or authorized representative shall:**

1. Review the eligibility criteria for The Emergency Food Assistance Program on FD-15A Part 1.
2. Complete the following fields: HOUSEHOLD SIZE, STREET ADDRESS, CITY AND DATE on FD-15A Part 2.
3. Enter their signature in the RECIPIENT SIGNATURE field to indicate agreement with the declaration statements.