



Updated Eligibility Criteria Form for Food Pantries

In this issue you will find the newly released Eligibility Criteria Form that our food pantry agencies use. Every year the United States government recalculates the poverty level, and this is the information that USDA and food banks use to determine if the household is eligible for food assistance. The updated income levels are on the new Eligibility Criteria Form.

All of our food pantries now need to get food recipients to fill out the new Eligibility Criteria Form. These forms are kept on file at each food pantry agency and will be reviewed at the next Agency Monitor visit.

The updated form is available on our web site www.foodbankofeastalabama.com in the section "Agency Partner Login." You can also ask us to email this form to you or you may pick up a copy when you come to the Food Bank.

Please note these changes on the form:

- The household address is optional
(meaning you don't have to include it on the form)
- The County is required.
- The income limits have been raised to 185% of the Federal Poverty Guideline.

This means that more people will be eligible for food assistance than before.

(Reminder: Proof of Income is **NOT** required)

If you have any questions, please contact Barbara at the Food Bank at 334-821-9006 or by email at bbeck@foodbankofeastalabama.com.

STATE OF ALABAMA
THE EMERGENCY FOOD ASSISTANCE PROGRAM
(TEFAP)

Name: _____ Number of People in Household: _____
Address (Optional): _____ Number in Household 18 & under: _____
_____ Number in Household 60 & over: _____
_____ County: _____ Number of Veterans in House-
hold: _____ Phone Number: _____ Number in Household
19-59 _____

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 individual signing on behalf of client or proxy:

Signature: _____

Date: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil
Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

STATE OF ALABAMA
THE EMERGENCY FOOD ASSISTANCE PROGRAM
(TEFAP)

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 Program Year 2025 - 2026.
(185% of Federal Poverty Guidelines)

Household Size	Annual Income	Monthly	Twice per	Every two	Weekly Income
		Income	Month	Weeks	
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,216	\$1,608	\$1,506	\$753
3	\$49,303	\$4,109	\$2,055	\$1,898	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,680	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,072	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,854	\$1,927
For each additional family	10,175	\$848	\$424	\$392	\$196
members add:					

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.

JUNE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11 Board Meeting	12	13	14
15	16	17 Agency Orientation	18	19 Closed Juneteenth	20	21
22	23	24	25	26	27	28
29	30 Closed inventory					

April savings

Number of Agencies shopping	126
Pounds Distributed	451,294
Retail Value per FA (\$1.93 per lb)	\$870,997.42
Food Bank SMF Cost	\$31,108
Savings to FBEA	\$839,890

Civil Rights Assurance

In accordance with Federal law and U.S. Department of Agriculture policy, no person shall, the basis of race, color, national origin, sex, age, or disability, be excluded from participation in or be denied, or otherwise subject to discrimination under this program.