

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

Name: \_\_\_\_\_  
Address (Optional): \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number of Children (18 & under): \_\_\_\_\_  
Number of Adults (19-59): \_\_\_\_\_  
Number of Seniors 60 & over: \_\_\_\_\_  
Number of Veterans: \_\_\_\_\_  
Number of People 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 individual signing on behalf of client or proxy:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, 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](mailto:program.intake@usda.gov).

