Indiana State Department of Health

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The Emergency Food Assistance Program (TEFAP)
Effective April 01, 2017

I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING GUIDELINES:

INCOME GUIDELINES (185%)

HOUSEHOLD SIZE	HOUSEHOLD INCOME (Monthly)	(Annual)	HOUSEHOLD SIZE	HOUSEHOLD INCOME (Monthly)	(Annual)
1	$1,860	$22,311	4	$3,793	$45,510
2	$2,504	$30,044	5	$4,437	$53,243
3	$3,149	$37,777	6	$5,082	$60,976

For each additional household member add $645.00 per month

I ACKNOWLEDGE THAT THE STATE OF INDIANA AND THIS DISTRIBUTION AGENCY HAVE NO CONTROL OVER THE MANUFACTURING OF THIS DONATED PRODUCT AND CONSEQUENTLY DO NOT WARRANT THE CONDITION, QUALITY, OR CONTENT OF THE USDA DONATED COMMODITY.

Date	Printed Name	Address	# in HH	Signature

This institution is an equal opportunity provider.

Revised 03/27/17 (income guidelines)