Self-Declaration Receipt for The Emergency Food Assistance Program (TEFAP) Participant
(Rev. 3/21)

You are verbally confirming that the following information is true:

1. **You are a resident of the State of Connecticut.**
2. **You are at or below the (yearly) gross income limit <u>for the number of people in your household below</u>:**

The table below 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 TEFAP commodities.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	29,986	40,514	51,042	61,570	72,098	82,626	93,154	103,682

- For each additional person add $10,528

Income guidelines reflect 235% of the federal poverty limit, last updated on 7/1/2020

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs: Supplemental Nutritional Assistance Program (**SNAP**), Women, Infants and Children (**WIC**), Temporary Assistance for Needy Families (**TANF or TFA**), Energy Assistance, HUSKY Health/Medicaid, Section 8 Rental Assistance Program, State Administered General Assistance (**SAGA**), and Supplemental Security Income (**SSI**).

3. **You will report any household or income changes <u>prior to the next visit.</u>**

USDA Nondiscrimination Statement

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a 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, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

This document has been provided in connection with the receipt of Federal Assistance from The Emergency Food Assistance Program (TEFAP). Program officials may verify what has been self-attested on this document. You have been provided this documentation as validation of your statement of eligibility. False certification may result in having to pay the State Agency for the value of the food improperly issued to you, and may result in civil or criminal prosecution under state or Federal Law.