**Instruction Sheet**

**Categorical Eligibility for USDA Foods**

If a household currently receives one or more of the following types of assistance, the CE should mark the household categorically eligible.

|  |  |
| --- | --- |
| Household Size | Total Income |
| **Annual** | **Monthly** | **Twice-Monthly** | **Bi-Weekly** | **Weekly** |
| 1 | $27,861  | $2,322 | $1,161 | $1,072 | $536 |
| 2 | $37,814 | $3,152 | $1,576 | $1,455 | $728 |
| 3 | $47,767 | $3,981 | $1,991 | $1,838 | $919 |
| 4 | $57,720 | $4,810 | $2,405 | $2,220 | $1,110 |
| 5 | $67,673 | $5,640 | $2,820 | $2,603 | $1,302 |
| 6 | $77,626 | $6,469 | $3,235 | $2,986 | $1,493 |
| 7 | $87,579 | $7,299 | $3,650 | $3,369 | $1,685 |
| 8 | $97,532 | $8,128 | $4,064 | $3,752 | $1,876 |
| For each additional household member, add: | +$9,953 | +$830 | +$415 | +$383  | +$192  |

|  |
| --- |
| Categorical Eligibility |
| SNAP | Supplemental Nutrition Assistance Program |
| TANF | Temporary Assistance for Needy Families  |
| SSI | Supplemental Security Income  |
| NSLP | National School Lunch Program  |
| Medicaid  | Medicaid |

**TEFAP Income Eligibility Guidelines:**Effective July 1,2023 – June 30, 2024:

**Application**

*At a minimum, obtain the signature of a household member to show that the household applied for the program.*

**Name and Signature of household member** **(or proxy)** — Obtain the name and signature of a household member who is eligible to apply on behalf of the household. If no one in the household is older than 18 then a household member younger than 18 may sign the form. Please ensure the applicant reads the full acknowledgement statement or read it to applicant.

**Number of household members** — Enter the number of household members for whom USDA Foods are requested.

**Address** — Enter the household's address. CEs or sites may request but must not require proof of address.

**Certification Columns: Categorical Eligibility**

Mark the categorical column if the household currently receives one or more of the specific types of assistance listed. If the household does not receive any of the assistance types listed, leave the column blank. CEs or sites may request but must not require proof of other assistance.

**Certification Columns: Income Eligibility**

**Total gross income** — This information is optional if the household is categorically eligible. Request the applicant’s total gross income of all household members. CEs or sites may request but must not require proof of income. Mark the income column if the applicant’s income is at or below the eligibility limit as listed on the guideline chart.

***Note:*** *Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.*

**Certification Columns: Household Crisis Eligibility**

*Mark only if the household is ineligible based on category or income eligibility.*

Households qualify based on unexpected and unavoidable expenses of a household crisis.

|  |  |
| --- | --- |
| **Characteristics of a Household Crisis** | **Examples of Unexpected Costs of a Household Crisis** *(The CE or site may define and document other circumstances.)* |
| 1. Unexpected | 1. Necessary medical treatment of a household member |
| 2. Temporary | 2. Burial expenses of a household member3. Uncontrolled loss of employment |
| 3. Beyond the household’s control | 4. The repair or replacement, because of a household disaster, of the household’s home, home contents, or vehicle |

**Ineligible**

Mark ineligible column if household is determined to be ineligible