

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
HOUSEHOLD ELIGIBILITY CRITERIA
(Effective from July 1, 2014 to June 30, 2015)**

Name:		Household size	
Address:		Number of children	

This table shows monthly income for each family size at **185% of the poverty guidelines**. 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.

	Annually	Monthly	Twice a month	Every 2 weeks	Weekly
Household Size					
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional family member, add	\$7,511	\$626	\$313	\$289	\$145

<p>I certify that our gross household income is at or below the income listed on the this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the South Dakota Emergency Food Assistance Program. This certification form is being completed 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 statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.</p>

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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Local Agency/Eligible Recipient Agency Name	
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(Signature)	(Date)
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