THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

I certify that our gross household income is at or below the income eligibility chart associated with this form for households with the number of people as my household. I also certify that, as of today, my household lives in the area served by **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.

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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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Name	Address	City	Household Size	Number of Children	Date mm/dd/yy

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