



The Emergency Food Assistance Program (TEFAP)
Self-Declaration of Need/Proxy Form

| | |
|-----------------------|----------------------|
| Name: | Number in Household: |
| Address: | Phone Number: |
| City, State Zip Code: | Email Address: |
| Distribution Site: | Site Address: |

The Emergency Food Assistance Program operates in accordance with the United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability. Eligibility is based upon the maximum household income guidelines listed below:

Total Household Income (Based on 185% of Poverty)
2021 Poverty Guidelines for Hawaii

| Household Size | Annual Household Income | Household Size | Annual Household Income |
|----------------|-------------------------|----------------|-------------------------|
| 1 | \$27,417.00 | 5 | \$66,045.00 |
| 2 | \$37,074.00 | 6 | \$75,702.00 |
| 3 | \$46,731.00 | 7 | \$85,359.00 |
| 4 | \$56,388.00 | 8 | \$95,016.00 |

For family units of more than 8 members, add \$9,657.00 for each additional person

PROXY DESIGNATION SECTION

If an individual is unable to fully participate in any part of the program due to a disability or lack of transportation, he/she may designate a representative to pick up their TEFAP food on their behalf by completing the proxy designate on this form. An ID shall be required of the representative upon receipt of commodities.

- I certify that I am unable to pick up my food at a designated distribution site due to a disability or lack of transportation and designate the following individual as my representative to pick up my TEFAP food:

| | |
|---|--|
| Name of Designated Representative (Last, First, M.I.): | Telephone Number/email address: <input type="checkbox"/> Home <input type="checkbox"/> Cell |
|---|--|

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Hawaii in The Emergency Food Assistance Program. This certification is being completed in connection with the receipt of Federal assistance.

I understand that making a false statement may result in having to pay for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal Law.

Recipient Signature: _____ Date: _____

Agency Use Only:

Received by:

Date Received:

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER