



STAFF USE ONLY

Received by: _____

Date Received: _____

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

Name:		Address:	
Email Address:		Phone Number:	
Household # of Children:	# of Adults:	Distribution Site:	
Ethnicity:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hawaiian/Part Hawaiian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> African American	<input type="checkbox"/> Aleutian/Native American	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Asian	<input type="checkbox"/> Other

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 original, sex, age, or disability. Eligibility is based upon the maximum household income guidelines listed below:

Total Household Income (Based on 185% of Poverty)
2022 Poverty Guidelines for Hawaii

Household Size	Monthly Income	Annual Income	Household Size	Monthly Income	Annual Income
1	\$2,410	\$28,916	5	\$5,759	\$69,098
2	\$3,247	\$38,961	6	\$6,596	\$79,143
3	\$4,084	\$49,007	7	\$7,433	\$89,189
4	\$4,921	\$59,052	8	\$8,270	\$99,234

For family units of more than 8 members, add \$10,046 for each additional person

PROXY DESIGNATION SECTION (Alternate Pick-up Person)

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 Pick-up Person (Last, First, M.I.):	Telephone Number/email address: <input type="checkbox"/> Home <input type="checkbox"/> Cell
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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: _____

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