

**EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP):
ELIGIBILITY TO TAKE FOOD HOME**

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NAME: NUMBER IN HOUSEHOLD:

ADDRESS: PHONE ()

CITY:

This table shows a weekly and monthly gross income for each family size. 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.

GROSS INCOME LIMITS OKLAHOMA TEFAP COMMODITY FOOD PROGRAM 185% Of The Federal Poverty Guidelines (July 1, 2016 – June 30, 2017)		
#PERSONS IN HOUSEHOLD	WEEKLY INCOME	MONTHLY INCOME
1	\$423	\$1,832
2	\$570	\$2,470
3	\$717	\$3,108
4	\$865	\$3,746
5	\$1,012	\$4,385
6	\$1,159	\$5,023
7	\$1,307	\$5,663
8	\$1,455	\$6,304
For each additional family Member add:	\$148	\$642

Please read the following statement carefully, then sign the form and write in today's date.

I certify that my weekly or monthly household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in Oklahoma. 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.

Signature

Date

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Adults (over 18) Include yourself	Ethnic	Gender	Date of Birth

Children (Under 18)	Ethnic	Gender	Date of Birth

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1. How did you hear about God's Food Bank?

- a. Referred by DHS
- b. Referred by Friend
- c. Other _____

1. Were you referred to any other services please check all that apply.

- a. Community Action
- b. 211
- c. Hands of Jesus
- d. Other _____

1. Why do you need Food Assistance?

- a. Low Income
- b. No Income
- c. Out of Work
- d. Other (please provide details below)

1. How do you expect receiving food from God's Food Bank to help you?

- a. Keep me and my family from going hungry.
- b. Free up money for other basic needs (clothing, housing, medical costs, or transportation)
- c. Free up money for unexpected expenses (car or home repair, etc.)
- d. Free up money for medicine or medical expenses
- a. Other (please provide details below)
