

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

Name: _____

Number of people in
Household: _____

Today's Date: _____

This table shows 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. Proof of income is not required unless requested.

State of Maine TEFAP Income Guidelines

Last updated February 14, 2025. Figures represent 300% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$49,950	\$3,912.50	\$903
2	\$63,450	\$5,287.50	\$1,220
3	\$79,950	\$6,662.50	\$1,538
4	\$96,450	\$8,037.50	\$1,855
5	\$112,950	\$9,412.50	\$2,172
6	\$129,450	\$10,787.50	\$2,489
7	\$145,950	\$12,162.50	\$2,807
8	\$162,450	\$13,537.50	\$3,124
For Each Additional Add	+\$16,500	+\$1,375	+\$317

If your household income is at or below the respective threshold for your household size, please mark this box: ☐

You also may be eligible to receive food from TEFAP if your income is greater than the amount in the above table and if you cannot meet your household's nutritional needs due to an emergency. If so, please mark this box: ☐

If you cannot mark an above box, you may also be eligible to receive food from TEFAP if participating in one of the below programs. If you participate in one of these programs, please mark the box left of it.

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Low Cost Drugs for the Elderly or Disabled (DEL)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly food stamps)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Maine does not require proof of participation in an above program to be eligible for TEFAP (verbal acknowledgment is sufficient). Signatures are no longer required. **Please read the following statement carefully:**

I certify that my household gross income is at or below the income listed on this form for the amount corresponding to the number of people in my household, I am experiencing an emergency, or I have established eligibility from participating in a program indicated above. This certification is being submitted 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 certification may result in having to pay the State agency for the monetary value of the food improperly issued to me and may subject me to civil or criminal prosecution.

If you meet the requirements to mark any of the above boxes on this form and agree with these statements, you are eligible to receive TEFAP in Maine. There is no need to mark more than one box if multiple are applicable.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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[Non-Discrimination Statement](#) last updated 4/17/2025.