



**For NVE purposes only: How many people in your household are NVE Tribal Members? _____

TEFAP Application and Registration

Effective October 1, 2025, through September 30, 2026

Household Information

HOUSEHOLD MEMBERS: Please CIRCLE the total number of household and **HEAD OF HOUSEHOLD** information only

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAME OF HEAD OF HOUSEHOLD															
HOUSEHOLD LOCATION ZIP CODE *															
PHONE NUMBER *															
PROXY NAME (IF NEEDED)															

*Phone Number and Zip Code are not required to receive TEFAP commodities

PROGRAMS BENEFITS: if you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

SNAP (FOOD STAMPS)	Tribal TANF/ATAP	SSI or MEDICAID	CSFP or FDPIR	NSLP LUNCH FREE/REDUCED
Yes	No	Yes	No	Yes

INCOME INFORMATION

Permanent Fund Dividend: did anyone in your household receive the current year's PFD? If YES, include the PFD amount received in your Annual Household Income at the time of applying.

The table below shows a yearly 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 TEFAP donated food. Proof of income is not required to apply for TEFAP.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$58,650	\$79,290	\$99,930	\$120,570	\$141,210	\$161,850	\$182,490	\$203,130

*For each additional household member, add \$20,640

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

Signature _____

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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

Intake Worker Signature (required) _____ Date: _____

Approved _____ Not Approved _____