# APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 1

### **ELIGIBILITY CRITERIA**

### A household may meet TEFAP income based standards in either of the following two ways:

- 1) Be a Public Assistance (PA) household because all members of the household receive (or are included in the grant for) one or more forms of public assistance.
- 2) If the household is not eligible as a Public Assistance household, then the gross income of the household cannot exceed the maximum income limit for the applicable household size. (NPA)

NOTE: Households eligible under #1 above shall not have their income explored under #2 above.

## Examples of public assistance include, but are not limited to:

- Temporary Assistance (TA)
- MO HealthNet (formerly Medicaid)
- Supplemental Security Income (SSI)
- Supplemental Aid to the Blind (AB)
- Low Income Home Energy Assistance (LIHEAP)
- Food Stamps (FS)
- Public Housing Assistance
- Women, Infants and Children (WIC)
- Supplemental Payments (SP)

NOTE: Social Security and Medicare are **NOT** forms of public assistance.

# INCOME ELIGIBILITY GUIDELINES (Effective April 1, 2016)

125% of Federal Poverty

150% (Elderly/Disabled HHs)

HOUSE- HOLD SIZE	MONTHLY INCOME
1	\$1,238
2	\$1,669
3	\$2,100
4	\$2,532
5	\$2,963
6	\$3,394
7	\$3,827
8	\$4,260

MONTHLY INCOME
\$1,485
\$2,003
\$2,520
\$3,038
\$3,555
\$4,073
\$4,592
\$5,112

For each additional household member over 8, add \$434.

For each additional household member over 8, add \$520.

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(1) mail: U.S. Department of Agriculture (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue. SW

Washington, D.C. 20250-9410;

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MO 886-1806 (3-16) FD-15A (3-16)

# INSTRUCTIONS FOR USE OF THE APPLICATION FOR RECEIPT OF USDA FOODS (FORM FD-15A)

The Application for Receipt of USDA Foods is a two part form. FD-15A-Part 1 lists the Eligibility Criteria for The Emergency Food Assistance Program and the USDA civil rights nondiscrimination statement. FD-15A-Part 2 lists the declaration statements and contains fields to capture the required information about the applicant and their household.

### Food Pantry Staff shall:

- 1. Display the FD-15A Part 1 and Part 2 together at the sign-in area. Applicants <u>must</u> review the eligibility criteria prior to entering information or signing on Part 2.
- 2. Enter the FOOD PANTRY NAME and DISTRIBUTION MONTH AND YEAR on the FD-15A Part 2 form.
- 3. Certify household eligibility or denial by completing the Approved PA, Approved NPA or DENIED boxes on Part 2.
  - · If all members of the household receipt Public Assistance, mark the Approved PA box.
  - If there is a member of the household that does not receive a type of Public Assistance, the household must meet the income guidelines for the program. If the household is eligible by income guidelines, mark the approved NPA box.
  - If the household does not meet the eligibility criteria, mark the DENIED box.

### The head of the household or authorized representative shall:

- 1. Review the eligibility criteria for The Emergency Food Assistance Program on FD-15A Part 1.
- 2. Complete the following fields: HOUSEHOLD SIZE, STREET ADDRESS, CITY AND DATE on FD-15A Part 2.
- 3. Enter their signature in the RECIPIENT SIGNATURE field to indicate agreement with the declaration statements.

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