



**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
MARYLAND SELF DISCLOSURE FORM 2025**

SITE: _____ DATE: _____ NUMBER IN HOUSEHOLD: _____

CATEGORY OF ELIGIBILITY: CHECK WHAT APPLIES

SNAP Recipient Medical Assistance Recipient TANF Recipient

Unemployment Recipient Energy Assistance Recipient

Household income at or below 185% of the Federal Poverty Guidelines as shown below:

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Income Eligibility Guidelines: Effective October 1, 2025**

Based on 185% of Federal Poverty Guidelines				
Household Size	Annual Income	Monthly Income	Bi-Weekly	Weekly
1	27,861	2,322	1,072	536
2	37,814	3,152	1,455	728
3	47,767	3,981	1,838	919
4	57,720	4,810	2,220	1,110
5	67,673	5,640	2,603	1,302
6	77,626	6,469	2,986	1,493
7	87,579	7,299	3,369	1,685
8	97,532	8,128	3,752	1,876

For each additional household member add:	+ \$5,380	+ \$830	+ 383	+ \$192
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*It is at the discretion of each ERA/EFO to determine the formula they will use to distribute TEFAP food based on household size.

QUANTITY (How Many Items Client Received on initial visit) _____

APPLICANT

AUTHORIZED PROXY

NAME: _____

NAME: _____

ZIPCODE

ZIPCODE

USDA Nondiscrimination Statement

All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. fax:
 (833) 256-1665 or (202) 690-7442; or

3.email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

I affirm that neither I nor any other household member has received any other USDA food from this or any other pantry within the last 30 days. I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of USDA Foods is prohibited and could result in a fine, imprisonment or both.

APPLICANT SIGNATURE: _____

AUTHORIZED PROXY SIGNATURE: _____

*The use of this page is optional for pantries that distribute TEFAP to the same person each month. It must be attached to the TEFAP Self Disclosure Form and USDA Non-Discrimination Statement to be valid. An updated form will be distributed to all partners at the beginning of each fiscal year.

Site Name: _____

Applicant Name: _____

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APPLICANT SIGNATURE	DATE (Write in Exact Date)	QUANTITY (How Many Items Client Received)
	OCTOBER 20__	
	NOVEMBER 20__	
	DECEMBER 20__	
	JANUARY 20__	
	FEBRUARY 20__	
	MARCH 20__	
	APRIL 20__	
	MAY 20__	
	JUNE 20__	
	JULY 20__	
	AUGUST 20__	
	SEPTEMBER 20__	