



## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) MARYLAND SELF DISCLOSURE FORM FFY25

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, 2024

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.

**APPLICANT**

NAME(PRINT): \_\_\_\_\_

\_\_\_\_\_  
ZIP CODE**AUTHORIZED PROXY**

NAME(PRINT): \_\_\_\_\_

\_\_\_\_\_  
ZIP CODE**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, audiotape, 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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider

