

Self-Declaration Receipt for The Emergency Food Assistance Program (TEFAP) Participant
(Rev. 7/23)

You are verbally confirming that the following information is true:

1. You are a resident of the State of Connecticut.
2. You are at or below the (yearly) gross income limit for the number of people in your household below:

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 commodities.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8* |
|----------------|--------|--------|--------|--------|---------|---------|---------|---------|
| Annual Income | 43,740 | 59,160 | 74,580 | 90,000 | 105,420 | 120,840 | 136,260 | 151,680 |

- For each additional person add \$15,420
Income guidelines reflect 300% of the federal poverty limit, last updated on 7/1/2023

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs: Supplemental Nutritional Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF or TFA), Energy Assistance, HUSKY Health/Medicaid, Section 8 Rental Assistance Program, State Administered General Assistance (SAGA), and Supplemental Security Income (SSI).

3. You will report any household or income changes prior to the next visit.

USDA 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: [USDA Program Discrimination Complaint Form](#), 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.

This document has been provided in connection with the receipt of Federal Assistance from The Emergency Food Assistance Program (TEFAP). Program officials may verify what has been self-attested on this document. You have been provided this documentation as validation of your statement of eligibility. False certification may result in having to pay the State Agency for the value of the food improperly issued to you, and may result in civil or criminal prosecution under state or Federal Law.