Washington State Department of Agriculture

Food Assistance
PO Box 42560
Olympia, WA 98504-2560
foodassistance@agr.wa.gov

The Emergency Food Assistance Program (TEFAP)
Individual Client Intake Form — Annual

Food Pantry: _____ Date: _____

To receive TEFAP (USDA) food, you self-declare that:

1. Your name and household size provided is correct.
2. You live within this state. (There is no minimum length of residency required).
4. Your household income is at or below 400% of the Federal Poverty Guidelines (below).
5. You agree that TEFAP (USDA) food is for home consumption and the household is in need of this food. *

When receiving TEFAP (USDA) food, the following is NOT required:

- Address, social security number, or identification
- Proof of: citizenship, immigration status, household size, or income
- You will not be denied TEFAP (USDA) food if you do not wish to disclose any information that is not a requirement of TEFAP.

TEFAP Income Guidelines — 400% of Federal Poverty Guidelines — Based on net income (after taxes)					
Household Size	**Annual Income**	**Monthly Income**	**Twice Per Month Income**	**Every Two Weeks Income**	**Weekly Income**
1	$62,600	$5,217	$2,608	$2,408	$1,204
2	$84,600	$7,050	$3,525	$3,254	$1,627
3	$106,600	$8,883	$4,442	$4,100	$2,050
4	$128,600	$10,717	$5,358	$4,946	$2,473
5	$150,600	$12,550	$6,275	$5,792	$2,896
6	$172,600	$14,383	$7,192	$6,638	$3,319
7	$194,600	$16,217	$8,108	$7,485	$3,742
8	$216,600	$18,050	$9,025	$8,331	$4,165
For each additional family member, add:	$22,000	$1,833	$917	$846	$423

Effective from October 2025 until the notification of new income guidelines.

**** USDA Nondiscrimination Statement:**

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
Washington, D.C. 20250-9410; or

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

Print Name	Number of People in Household

*Food is not for resale. **A copy of the USDA Nondiscrimination Statement is available upon request.

Darrington Food Bank
Intake Form

Date: _____

(No Other Info Is Needed If Only Receiving TEFAP Foods)

Last Name: First Name: Household Size:

TEFAP Certification

To receive TEFAP commodities, you self-declare that:

1. Your name and household size provided are correct.
2. You reside within WA State (no minimum length of residency required).
3. Your income is at or below 400% of the Federal Poverty Guidelines (see guidelines accompanying this form).
4. You agree that TEFAP food is for home consumption, and your household needs this food.
5. You have been shown and have read the full USDA Nondiscrimination Statement.

Please indicate to food bank staff that you agree with these declarations.

_____

Additional Requested Information

Phone: Date of Birth: Veteran? Yes No

Street Address: City: Zip Code:

Emergency Contact Name: Phone:

ADULTS in Household (First and Last Name):	**Date of Birth:**
MINOR CHILDREN in Household (First and Last Name):	Date of Birth:

MINOR CHILDREN in Household (First and Last Name):	Date of Birth:

This institution is an equal opportunity provider.