



**SOUTH MICHIGAN  
FOOD BANK**



Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Site Address: \_\_\_\_\_

Distribution Date: \_\_\_\_\_

Household Size	Annual	Monthly	Weekly
1	\$45,180	\$3,765	\$869
2	\$61,320	\$5,110	\$1,179
3	\$77,460	\$6,455	\$1,490
4	\$93,600	\$7,800	\$1,800
For each additional family member add	\$16,140	\$1,345	\$310

Updated Jan 2025

TEFAP participation eligibility is based on the need for emergency food, the household meets the below income guidelines or a household member participates Commodity Supplemental Food Program (CSFP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Food Assistance Program (SNAP) and Supplemental Security Income (SSI), or a student with an approved free or reduced-price school meals application. Current Michigan residents are eligible.

Household breakdown and zip codes are optional and not required to receive food.

	Print Name	Current Michigan Resident	Zip (Optional)	Ages 0-17 (Optional)	Ages 18-59 (Optional)	Ages 60 + (Optional)	Total # in Household	Eligibility
<input type="checkbox"/>	1							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	2							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	3							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	4							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	5							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	6							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	7							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/>	8							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food

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 AD3027, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.