

2012 (TEFAP) ELIGIBILITY TO TAKE FOOD FOR HOME USE

Name: _____ Number of people in household: _____

Address: _____ County: _____

You are eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the box next to it.

- Colorado Works
- Low-income Energy Assistance Program (LEAP)
- Old Age Pension (OAP), Aid to the Needy Disabled (AND), and Aid to the Blind (AB)
Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Medicaid Eligible Foster Children. Households that have foster children as defined in Staff Manual, volume VII (7,708.1), shall have their household size based only on the number of Medicaid eligible foster children in the household. For example, a household that has three Medicaid eligible foster children will be classified as a household of three persons.
- Commodity Supplemental Food Program (CSFP).

If you are not participating in any of the above programs:

This table shows a monthly 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 food.

<u>HOUSEHOLD SIZE</u>	<u>MONTHLY INCOME</u>
1	\$1,722
2	\$2,333
3	\$2,943
4	\$3,554
5	\$4,164
6	\$4,775
7	\$5,386
8	\$5,996

For each additional family member, add \$589

Please read the following statement carefully. Then sign the form and write in today's date.

I certify that my monthly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form.

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Signature

Date