TEFAP Distribution Log

Distribution date:

My household participates in one of the following:	**OR**	SNAP, Energy Assistance, WIC, School Meals, Husky A/B, SAGA, TANF, Aid to Blind/Disabled, SSI, Section 8
My household income is at/below the following:		1: $28,341 2: $38,164 3: $47,987 4: $57,810 5: $67,633 6: $77,456 7: $87,279 8: $97,102 *for each additional person, add $9,823
Guidelines Updated 7/1/2017 (235% FPL)		

RECIPIENT NAME *please print*	**# in HH**	**RECIPIENT SIGNATURE OR INITIALS** *I hereby declare my eligibility for and receipt of food*