

Bread Basket Club Chambers County Residents ages 60 and older optional 2022-2023 Eligibility Criteria Form (ECF) Client Information Page (This IS NOT the official ECF).

o Client's Name: _____ Date of Birth _____ Age _____

o Client's Contact Number(s)/Email Address: _____

★ The Bread Basket Club requires a proof of income.

An agency's lawful use of Food Bank and USDA products is to provide them free of charge to the ill, the needy, the elderly, and/or infants; to households or individuals that are needy or low-income.

The TEFAP State of Emergency ended April 1, 2022. Agencies may now ask clients to complete their own 2022-2023 Eligibility Criteria Forms (ECF). Or, staff and volunteers may continue to complete the clients ECF with one exception, clients *must* now sign the front page of their ECF and sign the ECF Listing Page or Roster when they receive food.

If you have clients that are unable to complete or sign their ECF, staff and volunteers may complete the clients ECF and sign where it stated *Designated individual signing on behalf of the client or proxy* and sign when they receive food.

Eligibility Criteria Forms cannot be edited, so if you would like the client's or proxy's contact number and or email address, please document the information below:

Client Income Verification Is Not Required To Receive Food Bank and USDA Products

Alabama TEFAP (USDA), *does not require* client households to provide income verification. Or, proof of receiving government assistance to receive Food Bank and USDA products.

- o The client's signed self-declaration of their household income or of receiving government assistance is sufficient when the 2022-2023 Eligibility Criteria Form is signed by the client or agency's designated staff or volunteer.
- o Clients are eligible to receive Food Bank and USDA products when their household meets the income guidelines listed in the table on the second page of the 2022-2023 Eligibility Criteria Form or participates in any of the following government programs: SNAP (Food Stamps), TANF (AFDC), or SSI.

***** ***If Your Agency Requires Client Households to Provide Address or Income Verification***

If your agency requires client households to provide address and or income verification, verification will occur once a year when new and existing clients complete their 2022-2023 Eligibility Criteria Form.

Agency staff or volunteers ***may not*** document or copy any of the following identifying or income information on the client's 2022-2023 Eligibility Criteria Form, or this form.

- o Driver's License, ID Card, and Social Security Numbers. The amount of income or government assistance the household receives.

Use this checklist to show that the client's income and or address information were verified: Address and Income

Verification Staff Member or Volunteer's Initials: _____ ID Card/ Driver's License _____ Rent

_____ Power Bill _____ Water Bill

_____ EBT Card (Cannot be used as income) _____ SSI Letter

_____ Social Security Letter _____ Other _____

If clients do not have the needed address or income information to complete their 2022-2023 Eligibility Criteria Form, please allow them to receive food the first time with the understanding of what they need to bring the next time to receive food.

If you have any questions, please do not hesitate to contact the Food Bank of East Alabama at (334) 821-9006.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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;

(2) Fax: (202) 696-7442; or Email: program.intake@usda.gov.

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STATE OF ALABAMA
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY
7 CFR 251

Name: _____
Address: _____

Number of People in Household: _____
Number in Household 18 & under: _____
Number in Household 60 & over: _____

You are eligible to receive food from TEFAP if your household income falls below the poverty income guidelines (see reference chart on the back of this form) or you participate in any of the following programs. Please place a checkmark in the space next to the category that applies.

- Temporary Assistance to Needy Families (TANF) *or*
 Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamps) *or*
 Supplemental Security Income (SSI) *or*
 Income eligibility (**Proof of income is NOT required**)

Please read the following statement carefully and then sign the form and write in today's date. **You only need to meet one of these requirements to be eligible to receive USDA foods.**

I certify that my yearly household gross income is at or below the income listed on the reference chart for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Alabama. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Signature

Date

PROXY (OPTIONAL): _____ to pick up USDA foods on my behalf.

Designated individual signing on behalf of client or proxy:

Signature: _____

Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

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Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

STATE OF ALABAMA
 THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
 CERTIFICATION OF ELIGIBILITY
 7 CFR 251

FOR REFERENCE PURPOSES ONLY
Proof of Income is NOT required

The following 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 food. **The chart below is effective July 1, 2022- June 30, 2023.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$17,667	\$1,473	\$737	\$680	\$340
2	\$23,803	\$1,984	\$992	\$916	\$458
3	\$29,939	\$2,495	\$1,248	\$1,152	\$576
4	\$36,075	\$3,007	\$1,504	\$1,388	\$694
5	\$42,211	\$3,518	\$1,759	\$1,624	\$812
6	\$48,347	\$4,029	\$2,015	\$1,860	\$930
7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048
8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166
For each additional family member add:	\$6,136	\$512	\$256	\$236	\$118

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.

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