



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
 THE EMERGENCY FOOD ASSISTANCE PROGRAM
APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 1

ELIGIBILITY CRITERIA

A household may meet TEFAP income based standards in either of the following two ways:

- 1) Be a Public Assistance (PA) household because all members of the household receive (or are included in the grant for) one or more forms of public assistance.
- 2) If the household is not eligible as a Public Assistance household, then the gross income of the household cannot exceed the maximum income limit for the applicable household size. (NPA)

NOTE: Households eligible under #1 above shall not have their income explored under #2 above.

Examples of public assistance include, but are not limited to:

- Temporary Assistance (TA)
- MO HealthNet (formerly Medicaid)
- Supplemental Security Income (SSI)
- Supplemental Aid to the Blind (AB)
- Low Income Home Energy Assistance (LIHEAP)
- Food Stamps (FS)
- Public Housing Assistance
- Women, Infants and Children (WIC)
- Supplemental Payments (SP)

NOTE: Social Security and Medicare are **NOT** forms of public assistance.

**INCOME ELIGIBILITY GUIDELINES
 (Effective April 1, 2015)**

125%
of Federal Poverty

HOUSEHOLD SIZE	MONTHLY INCOME
1	\$1,227
2	\$1,660
3	\$2,093
4	\$2,527
5	\$2,960
6	\$3,393
7	\$3,827
8	\$4,260
9	\$4,693
10	\$5,127

150%
(Elderly/Disabled HHs)

HOUSEHOLD SIZE	MONTHLY INCOME
1	\$1,472
2	\$1,992
3	\$2,512
4	\$3,032
5	\$3,552
6	\$4,072
7	\$4,592
8	\$5,112
9	\$5,632
10	\$6,152

For each additional household member over 10, add \$434.

For each additional household member over 10, add \$520.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR USE OF THE APPLICATION FOR RECEIPT OF USDA FOODS (FORM FD-15A)

The Application for Receipt of USDA Foods is a two part form. FD-15A-Part 1 lists the Eligibility Criteria for The Emergency Food Assistance Program and the USDA civil rights nondiscrimination statement. FD-15A-Part 2 lists the declaration statements and contains fields to capture the required information about the applicant and their household.

Food Pantry Staff shall:

1. Display the FD-15A Part 1 and Part 2 together at the sign-in area. Applicants **must** review the eligibility criteria prior to entering information or signing on Part 2.
2. Enter the FOOD PANTRY NAME and DISTRIBUTION MONTH AND YEAR on the FD-15A Part 2 form.
3. Certify household eligibility or denial by completing the Approved PA, Approved NPA or DENIED boxes on Part 2.
 - If all members of the household receipt Public Assistance, mark the Approved PA box.
 - If there is a member of the household that does not receive a type of Public Assistance, the household must meet the income guidelines for the program. If the household is eligible by income guidelines, mark the approved NPA box.
 - If the household does not meet the eligibility criteria, mark the DENIED box.

The head of the household or authorized representative shall:

1. Review the eligibility criteria for The Emergency Food Assistance Program on FD-15A Part 1.
2. Complete the following fields: HOUSEHOLD SIZE, STREET ADDRESS, CITY AND DATE on FD-15A Part 2.
3. Enter their signature in the RECIPIENT SIGNATURE field to indicate agreement with the declaration statements.