

USDA TEFAP Commodity Proxy Form

I, the undersigned, affirm and declare all of the following:

1. The income of my household does not exceed the monthly Income Guidelines below (130% of the Federal Poverty Level).
2. I will use USDA commodities for home consumption only.
3. I will not sell, barter, or inappropriately utilize USDA commodities in any manner.
4. I will not attempt to receive the same type of USDA commodities from more than one organization during any given month.
5. I understand that anyone who willfully and/or intentionally makes a false statement, conceals or withholds information in order to receive food they are not eligible to receive may be subject to prosecution, ineligibility penalties and restrictions.

I, _____, of _____, Kansas,
(Name) (Address)

Am unable to pick up my TEFAP commodities and request that

_____, of _____, Kansas,
(Name of Proxy) (Proxy Address)

pick them up for me. I verify that my total Household monthly income does not exceed the guidelines. **My Household size is** _____.

(Signature) Date _____

	Household Size	Maximum
		Gross Monthly
		Income
	1	\$ 1,356

***For each additional family member, add \$ 479**