

**Georgia Department of Human Services  
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
Household Eligibility Criteria Form**

**Distribution Agency Site Name:** NAMI Central Georgia Food Pantry

**Distribution Agency Site Address:** 209 Elberta Rd. Warner Robins, Ga 31093

**Name of Head of Household:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **OR Zip Code:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_  
(Optional)

**Number in the Household:** \_\_\_\_\_ **Income of the Household:** \_\_\_\_\_ **Monthly or Weekly (Circle One)**

Household Size	Monthly Income	Weekly Income
1	\$2,610	\$602
2	\$3,526	\$813
3	\$4,440	\$1024
4	\$5,358	\$1,236
5	\$6,274	\$1,447
6	\$7,190	\$1,659
7	\$8,108	\$1,871
8	\$9,024	\$2,082
Each additional member	\$916	\$211

\*\*\*This table shows the monthly and weekly income limit 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 TEFAP food\*\*\*\*

**Please read:** I self-attest that my gross household income *is at or below the income* listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

**Authorized Representative:**

I hereby authorize \_\_\_\_\_ to pick up food for my household.  
(Please print)

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

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1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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