Department of Health Services
Division of Public Health
(09/2026)

State of Wisconsin

The Emergency Food Assistance Program (TEFAP) Eligibility Application

Distribution site name and location	Initial application date
fill out	fill out
Applicant name fill out	**Total number in household** fill out
Wisconsin resident ☐ Yes ☐ No	**Meets income level** ☐ Yes ☐ No
	Must reapply on first visit after Oct. 1 each year.

I certify, by self-attesting, that I am eligible to receive USDA foods being that I reside in Wisconsin, and my total household income is 200% or less of the Federal Poverty Guidelines listed below or current level on addendum. I will use this food only for home consumption. This form is in connection with the receipt of federal assistance. Application is valid for up to one year, changes in household information must be reported immediately. I release USDA, the State of Wisconsin and its agents from any liability resulting from my receipt of this food**. False information may subject me to prosecution and require me to repay the value of the benefits.**

Household size	1	2	3	4	5	6	7	8	Each additional
Gross income before taxes and deductions-of all household members.									
Yearly	$31,920	$43,280	$54,640	$66,000	$77,360	$88,720	$100,080	$111,400	$11,360
Monthly	$2,660	$3,607	$4,553	$5,500	$6,447	$7,393	$8,340	$9,287	
Weekly	$614	$832	$1,051	$1,269	$1,488	$1,706	$1,925	$2,143	

I authorize the following person to pick up USDA foods on my behalf as a proxy:

Date/number served	Date/number served	Date/number served

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: Program.Intake@usda.gov.