

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
MARYLAND SELF DISCLOSURE FORM**

SITE: \_\_\_\_\_ DATE: \_\_\_\_\_ NUMBER IN HOUSEHOLD: \_\_\_\_\_

CHECK PICTURE I.D. FOR PROOF OF IDENTITY AND ADDRESS: YES \_\_\_\_\_ NO \_\_\_\_\_

CATEGORY OF ELIGIBILITY: CHECK WHAT APPLIES

\_\_\_\_ SNAP Recipient      \_\_\_\_ Medical Assistance Recipient      \_\_\_\_ TANF Recipient

\_\_\_\_ Unemployment Recipient      \_\_\_\_ Energy Assistance Recipient

\_\_\_\_ Household income at or below 150% of the Federal Poverty Guidelines as shown below

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
Income Eligibility Guidelines Effective October 1, 2022**

Household Size	Annual Income	Monthly Income
1	\$20,385	\$1,699
2	\$27,465	\$2,289
3	\$34,545	\$2,879
4	\$41,625	\$3,469
5	\$48,705	\$4,059
6	\$55,785	\$4,649
7	\$62,865	\$5,239
8	\$69,945	\$5,829
For each additional household member, add:	+ \$7,080	+ \$590

APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_

AUTHORIZED PROXY

NAME: America's Hauling for Hope

ADDRESS: 10701 Bower Avenue, Suite C

CITY/STATE Williamsport, MD ZIPCODE 21795

Best way to contact to receive food order form(circle one): TEXT, EMAIL, or CALL



**USDA Nondiscrimination Statement**

For all other FNS nutrition assistance programs, state, or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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, audiotope, 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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

07/25/2022 I agree to participate in completing monthly financial literacy education forms that America's Hauling for Hope will provide free of charge with every grocery order in order to remain compliant with their services.

I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

APPLICANT SIGNATURE: \_\_\_\_\_

AUTHORIZED PROXY SIGNATURE: \_\_\_\_\_  
America's Hauling for Hope Representative