



**SOUTH MICHIGAN
FOOD BANK**



Agency Name: _____ Agency Code: _____

Site Address: _____

Distribution Date: _____

Household Size	Annual	Monthly	Weekly
1	\$30,120	\$2,510	\$579
2	\$40,880	\$3,407	\$786
3	\$51,640	\$4,303	\$993
4	\$62,400	\$5,200	\$1,200
5	\$73,160	\$6,097	\$1,407
6	\$83,920	\$6,993	\$1,614
For each additional family member add	\$10,760	\$897	\$207

Updated May 2024

Eligibility for TEFAP is based on the need for emergency food, the household meets the below income guidelines or participates in SNAP, WIC, FDPIR, CSFP or SSI

Please complete the requested information to receive food from this distribution. Breakdown of the household is optional.

	Print Name	Street Address & City	Zip	Ages 0-17	Ages 18-59	Ages 60 +	Total # in Household	Eligibility
<input type="checkbox"/> 1								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 2								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 3								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 4								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 5								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 6								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 7								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 8								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food

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