south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

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The Emergency Food Assistance Program (TEFAP)

Self-Declaration of Income

Agency:

Period Covered: **to**

You self-declare that:

1. Your name and household size provided is correct.
2. Your address provided is correct (new participants) or indicate address changes (returning participants); if homeless, you can put homeless as the address.
3. You reside within the geographical area of this agency's service area (there is no minimum length of residence required).
4. Your income is within 185% of the Federal Poverty Guidelines (view chart from agency).
5. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.

You will not be denied TEFAP food if you refuse to disclose any information that is not required of TEFAP.

You will **never** need to provide your social security number or proof of citizenship.

You will **never** need to provide proof of income. However, an agency may require further participant information for use with other programs.

You will **never** need to provide proof of household.

Date	Print Name (TEFAP Participant)	Signature	Address	Zip Code	Household size	Number of Children

This institution is an equal opportunity provider.