south dakota
DEPARTMENT OF EDUCATION
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The Emergency Food Assistance Program (TEFAP) Proxy Form

Instructions: Please complete this form in ink and cannot be altered once completed by the TEFAP recipient. **This form must be presented at the distribution site by the Proxy picking up any TEFAP food for the recipient**. Do not mail or email this form.

TEFAP Participant Section

Organization Type: ☐Food Bank ☐Food Pantry ☐Mobile Food Pantry* ☐Soup Kitchen

If Mobile Food Pantry, proxy designation must be completed for each distribution

Date Form Completed: _____

***Proxy certification period is valid up to one year after date signed, or until TEFAP Income Eligibility Guidelines are updated.**

Required information:

TEFAP Participant's Name: _____

Household size: _____

I hereby designate _____ (first and last name of Proxy) to serve as my proxy provide eligibility information, and pick up my TEFAP USDA foods from the following agency: _____ (agency name & distribution site location).

TEFAP Participant's Signature: _____

Optional information:

Address:_____

City:_____ Zip Code: _____

Household member ages (0-17): _____ (18-59): _____ (60+): _____

TEFAP Proxy Section

As a TEFAP Proxy, I am required to ensure that the TEFAP Participant self declares their income falls within the TEFAP Income Eligibility Guidelines on page 2.

In addition, I understand that I must present a valid ID to receive TEFAP foods on behalf of the TEFAP Participant and provide my signature on the TEFAP Self-Declaration Form in the follow manner: PROXY; (Proxy's Signature).

TEFAP Proxy's Signature: _____ Date _____

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The Emergency Food Assistance Program (TEFAP)
Income Eligibility Guidelines (IEG)

Household Size	Annual Income	Monthly Income	Weekly Income
1	$29,526	$2,461	$568
2	$40,034	$3,337	$770
3	$50,542	$4,212	$972
4	$61,050	$5,088	$1,175
5	$71,558	$5,964	$1,377
6	$82,066	$6,839	$1,579
7	$92,574	$7,715	$1,781
8	$103,082	$8,591	$1,983
For Each Additional Family Member, Add:	$10,508	$876	$203

Note: You will not be required to provide proof of income or your social security number. You will not be denied TEFAP foods if you refuse to reveal any information that is not a requirement of TEFAP. However, an agency may require further participant information for use with other programs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
(2) Fax: (202) 690-7442, or
(3) Email: program.intake@usda.gov.