

**WE CARE FOOD PANTRY
EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME
7 CFR 251**

Name: _____
Address: _____

Number of People In Household: _____
County: _____ LEE _____

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. **The chart below is effective July 1, 2024 - June 30, 2025.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
For each additional family member add:	\$6,994	\$583	\$292	\$269	\$135

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- _____ Income eligibility
- _____ Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)
- _____ Temporary Assistance to Needy Families (TANF)
- _____ Supplemental Security Income (SSI)
- _____ Medicaid

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Signature: _____

Date: _____

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: I authorize _____ to pick up USDA foods on my behalf.

WE CARE FOOD PANTRY

**PROGRAMA DE ASISTENCIA DE ALIMENTOS DE EMERGENCIA (TEFAP)
CERTIFICADO DE ELEGIBILIDAD PARA LLEVAR ALIMENTOS A LA CASA
7 CFR 251**

Nombre: _____
Dirección: _____

Número de personas en la casa: _____
Condado: LEE

La siguiente tabla le ayudará a determinar su elegibilidad de acuerdo a su ingreso y a su composición familiar. Si el ingreso de su hogar está al nivel o por debajo del nivel indicado, de acuerdo al número de miembros en su familia, es elegible para recibir alimentos. La tabla de abajo es efectiva desde el 1 Julio 2024– 30 Junio 2025.

Número de Miembros del Hogar	Ingresos Anuales	Ingresos Mensuales	Dos Veces al Mes	Cada Dos Semanas	Ingresos Semanales
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
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6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
Por cada miembro adicional del hogar añada:	\$6,994	\$583	\$292	\$269	\$135

La tabla indica la cantidad de ingresos para ser considerado elegible; ya sean ingresos mensuales, ingresos recibidos dos veces al mes (24 pagos al año), ingresos recibidos cada dos semanas (26 pagos al año), o ingresos semanales.

Es elegible para recibir alimentos según su ingreso familiar, o si su familia recibe ayuda de cualquiera de los siguientes programas:

- Elegibilidad por ingreso
- Supplemental Nutrition Assistance Program (SNAP) fka Food Stamps/Cupones de alimentos
- Asistencia Temporal a Familias de Necesidad (TANF)
- Ingreso Suplementario (SSI)
- Medicaid

Favor de leer cuidadosamente la siguiente declaración, firmar este formulario, y añadir la fecha. El requisito para ser elegible para recibir la ayuda de alimentos TEFAP es que cumpla con al menos uno de los requisitos antes mencionados.

Certifico que el ingreso de mi núcleo familiar está al nivel, o por debajo del nivel de ingreso, de acuerdo al número de miembros en mi núcleo familiar, ya establecido; o que recibo ayuda de alguno de los programas de asistencia indicados anteriormente. Además, certifico que en este momento resido en el estado de la Florida. Cualquiera de sus oficiales puede verificar que lo declarado en esta forma es correcto. Entiendo que si hago una declaración falsa en cuanto a la información arriba provista, puede resultar en tener que pagar a la agencia del estado el valor de los alimentos recibidos inapropiadamente, y puede resultar en un delito bajo las leyes del estado y las leyes federales.

NOMBRE (Firma)

FECHA

Esta certificación es válida por un año y puede ser renovada si las circunstancias cambian.

OPCIONAL: Autorizo a _____ para recoger alimentos de USDA en mi nombre.



PRESBYTERIAN CHURCH

We Care Food Assistance

4544 Coronado Parkway, Cape Coral, FL 33904

We Care: 239.257.3473 Faith: 239.542.2858

We are here to help you during this difficult time. The We Care Food Assistance Program offers emergency food assistance for you and your immediate family. Please complete this application and return to the We Care office. Completion of this form is not a requirement to received USDA food.

You will be contacted regarding the Dates of your first pick up.

Applicant Name: _____

Spouse/Significant Other Name: _____

Phone Number: _____

OK to leave a message (voice-mail or person)? (Please Circle) Yes or No

Number of Children in the home (ages 0 to 17 Years)		
Names:	Birthdate:	Sex:

Number of Adults in the home (ages 18 to 64 Years)		
Names:	Birthdate:	Sex:

Number of Seniors in the home (65 and over)		
Names:	Birthdate:	Sex:

I understand that I am eligible to receive food assistance [REDACTED]

Food is distributed every 2 weeks

My signature below indicates I have received food on date listed. Any food requested beyond these scheduled times, must be arranged in advance with the We Care Pantry Manager.

Please indicate date, sign and confirm people in house.

	Date Receiving Food	Signature	Total # in household	A 18+	C B-17	S 65+
1						
2						
3						
4						
5						
6						
7						

This institution is an equal opportunity provider