



A Division of South Presbyterian Church

4533 SE 6th Ct.
Cape Coral, FL 33904
(239) 257-3473

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

Applicant Name: _____

Phone Number: _____ Ok to leave a message? (Please Circle) Yes or No

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

Number of children in the household (ages 0-17yr.): _____

Names:	Birthdate:	Sex:

Number of Adults in the household (ages 18-64yr.): _____

Names:	Birthdate:	Sex:

Number of Seniors in the household (ages 65 and over): _____

Names:	Birthdate:	Sex:

I understand that I am eligible to receive food assistance and that food is distributed every 2 weeks

	Date Received Food	Signature	Total # people in household	A 18+	C 0-17	S 65+
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

This Institution is an equal opportunity provider

WE CARE FOOD PANTRY

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME**

7 CFR 251

Name: _____
Address: _____

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

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. **TEFAP Income Eligibility Guidelines – July 1, 2025 – June 30, 2026**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$46,950	\$3,913	\$1956	\$1806	\$903
2	\$63,450	\$5,288	\$2,644	\$2,440	\$1,220
3	\$79,950	\$6,663	\$3,331	\$3,075	\$1,538
4	\$96,450	\$8,038	\$4,019	\$3,710	\$1,855
5	\$112,950	\$9,413	\$4,706	\$4,344	\$2,172
6	\$129,450	\$10,788	\$5,394	\$4,979	\$2,489
7	\$145,950	\$12,163	\$6,081	\$5,613	\$2,807
8	\$162,450	\$13,538	\$6,769	\$6,248	\$3,124
For each additional family member add:	\$16,500	\$1,375	\$688	\$635	\$317

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

The Local Distributing Agency staff must check this box, after the applicant has read the below certification statement:

I certify, by self attesting, 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. 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.

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

Any changes in the household's circumstances must be reported to the distributing agency immediately.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR THE USDA NON-DISCRIMINATION STATEMENT