



**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
MARYLAND SELF DISCLOSURE FORM FFY26**

SITE: _____

DATE: _____

NUMBER IN HOUSEHOLD: _____

CATEGORY OF ELIGIBILITY: CHECK WHAT APPLIES

- _____ SNAP Recipient
- _____ Medical Assistance Recipient
- _____ TANF Recipient
- _____ Unemployment Recipient
- _____ Energy Assistance Recipient
- _____ Household income at or below 185% of the Federal Poverty Guidelines as shown below:

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Income Eligibility Guidelines: 2026**

Household Size	Annual Income	Monthly Income	Bi-Weekly Income	Weekly Income
1	\$29,526	\$2,461	\$1,136	\$568
2	\$40,034	\$3,337	\$1,540	\$770
3	\$50,542	\$4,212	\$1,944	\$972
4	\$61,050	\$5,088	\$2,348	\$1,175
5	\$71,558	\$5,964	\$2,752	\$1,377
6	\$82,066	\$6,839	\$3,156	\$1,579
7	\$92,574	\$7,715	\$3,561	\$1,781
8	\$103,082	\$8,591	\$3,965	\$1,983

For each additional household member add:	+ \$10,508	+ \$876	+ \$404	+ \$203
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*It is at the discretion of each ERA/EFO to determine the formula they will use to distribute TEFAP food based on household size.

APPLICANT

AUTHORIZED PROXY

NAME(PRINT): _____

NAME(PRINT): _____

ZIP CODE

ZIP CODE



USDA Nondiscrimination Statement

All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following Nondiscrimination Statement:

In accordance with Federal law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases apply to all programs)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

email:

program.intake@usda.gov

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