



THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) MARYLAND SELF DISCLOSURE FORM FFY25

SITE:	DATE:	_ DATE:NUMBER IN HOUSEHOLD:		
CATEGORY OF ELIGIBILITY:	CHECK WHAT AP	PLIES		
SNAP Recipient		Unemployment Recipient		
Medical Assistance Recipient		Energy Assistance Recipient		
TANF Recipient				
Household income as shown below:	e at or below 1859	% of the Federal Pc	overty Guidel	ines
Incon	ne Eligibility Guide	STANCE PROGRAM elines: Effective FF\	/25	,
Household Size	Annual Income	eral Poverty Guidelir Monthly Income	Bi-Weekly	Weekly
. 1				
2	\$27,861 \$37,814	\$2,322 \$3,152	\$1,072 \$1,455	\$536 \$728
3	\$47,767	\$3,981	\$1,433	\$919
4	\$57,720	\$4,810	\$2.220	\$1,110
5	\$67,673	\$5,640	\$2,603	\$1,110
6	\$77,626	\$6,469	\$2,003	\$1,493
7	\$87,579	\$7,299	\$3,369	\$1,495
8	\$97,532	\$8,128	\$3,752	\$1,876
For each additional household member, add:	+ \$5,380	+ \$830	+ \$383	+ \$192
*It is at the discretion of each TEFAP food based on househ APPLICANT NAME (PRINT):	ERA/EFO to deterr old size.	mine the formula the		
ZIP CODE		ZIP CODE		