

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) / Programa de Asistencia de Alimentos de Emergencia (TEFAP)
HOUSEHOLD DISTRIBUTION SITE SIGN-IN SHEET / Hoja de Registro del Centro de Distribución a los hogares

FEDERAL POVERTY GUIDELINES 185% / 185% del índice federal de pobreza							
Important! Please read before completing	¡Importante! Por favor, lea antes de llenar	Household	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
		del Hogar	Anual	Mensual	Dos veces al mes	Bisemanal	Semanal
By printing my name on this form, I certify the following: • I meet the current income eligibility guidelines listed to receive USDA commodities.	Al poner mi nombre en este formulario, certifico lo siguiente: • Cumplir con las pautas de elegibilidad de ingresos actuales para recibir productos de la USDA.	1	\$23,606	\$1,967	\$983	\$907	\$453
		2	\$31,894	\$2,657	\$1,328	\$1,226	\$613
		3	\$40,182	\$3,348	\$1,674	\$1,545	\$772
		4	\$48,470	\$4,039	\$2,019	\$1,864	\$932
		5	\$56,758	\$4,730	\$2,364	\$2,208	\$1,104
		6	\$65,046	\$5,421	\$2,709	\$2,544	\$1,272
		7	\$73,334	\$6,112	\$3,054	\$2,880	\$1,440
		8	\$81,622	\$6,803	\$3,399	\$3,216	\$1,608
		For each additional member, add / Para cada miembro adicional, agregue		+\$326	+\$345	+\$319	+\$159
Name (Print)	Address (No., Street, City, State, ZIP)	Num. of persons in household	# of Boxes	Birthday			
Nombre (Escriba en letra de molde)	Dirección (Núm., Calle, Ciudad, Estado, Código postal)	Num. de personas en el hogar	# de cajas	Fecha de nacimiento			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Distribution Site / Centro de distribución:		Signature / Firma:			Date / Fecha:		

Input all addresses (including apt #s) into Link2Feed for individual entries.

First and Last name required. Middle suggested. **Only ONE person** can pick up per household. A "household" buys food and cooks together. This column will be calculated as "# of Households" when reporting.

Total # of ppl considered in "Household", including children. Will be "# of individuals" when reporting.

ONLY record this column if you are distributing Emergency Food Boxes (EFBs)

Very important for Link2Feed. Double check before writing. Month/Date/Year

The # of EFBs and LFBs per household must be equitable based on household size. SMFB suggests:
 HH size 1-4 = 1 EFB
 HH size 5-6 = 1 EFB + 1 LFB
 HH size 7-8 = 1 EFB + 2 LFBs
 HH size 9+ = 2 EFBs
 (Not all agencies may receive LFBs)

Put your agency's name on EVERY sign-in sheet you fill out.

The intake worker or agency contact may sign their name here

Date distribution occurred and clients received food