



Children (0-17) \_\_\_\_\_  
 Adults \_\_\_\_\_  
 Seniors (60 and up) \_\_\_\_\_

**Bureau of Food Assistance**

**The Emergency Food Assistance Program (TEFAP)**

**"Self Declaration of Need"**

Guest # \_\_\_\_\_

Effective July 1, 2023 to June 30, 2024

\_\_\_\_\_  
 Recipient Name

\_\_\_\_\_  
 Agency Representative Signature Date

\_\_\_\_\_  
 Street Address

Catholic Social Services

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Distribution Site Name Number

A-000366

\_\_\_\_\_  
 Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Total Household Income (based on 185% of Poverty)					
Household Size					
Circle One	Annual		Monthly		Weekly
1	\$ 26,973	\$	2,248	\$	519
2	\$ 36,482	\$	3,040	\$	702
3	\$ 45,991	\$	3,833	\$	884
4	\$ 55,500	\$	4,625	\$	1,067
5	\$ 65,009	\$	5,417	\$	1,250
6	\$ 74,518	\$	6,210	\$	1,433
7	\$ 84,027	\$	7,002	\$	1,616
8	\$ 93,536	\$	7,795	\$	1,799
<i>For each additional family member add:</i>	\$ 9,509	\$	792	\$	183

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

**I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.**

\_\_\_\_\_  
 Recipient Signature Date

Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

**THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.**

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

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and 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, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

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

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

program.intake@usda.gov

This institution is an equal opportunity provider.

The Emergency Food Assistance Program Pennsylvania TEFAP Proxy Form	
Date _____	
I _____ hereby authorize _____ to pick up my TEFAP Food Package and deliver it to me.	
Client Signature _____	<input type="checkbox"/>
Pantry Representative _____	<input type="checkbox"/> Proxy ID Verified

## ENGLISH – 2023/24 MARTHA’S CHOICE REGISTRATION

I am a returning guest       Today is my very first time at Martha’s       Walker

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Language: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Gender:  Male     Female     Other

Cell Phone #: \_\_\_\_\_ Home Phone # (optional): \_\_\_\_\_

What best describes the head(s) of household’s current employment status?

Part Time     Full Time     2 Jobs     Unemployed     Disability     Retired

Please indicate if you access either of the following benefits  SNAP benefits     WIC benefits

Do you have any specific shopping visit requests?

Vegetarian (No Meat)     Vegan (No Meat, No Dairy)     No Pork     Dog Food     Cat Food  
 Ensure     Feminine Hygiene     Baby Formula     Kids Diapers     Adult Diapers

How many children under the age of 18 are currently living in your household? \_\_\_\_\_

How many adults between the ages of 18 and 59 are currently living in your household? \_\_\_\_\_

How many adults over the age of 60 are currently living in your household? \_\_\_\_\_

How many total people are currently living in your household? \_\_\_\_\_

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## MARTHA’S RULES

### 1. BE KIND: WE ARE ALL IN THIS TOGETHER!

Abusive or disrespectful behavior towards volunteers, staff or fellow guests will not be tolerated and will result in loss of shop.

### 2. ALL GUESTS MUST PROVIDE ID & PROOF OF RESIDENCE IN MONTGOMERY COUNTY

IDs and Utility Bills with name & current address are accepted.

### 3. EVERY GUEST IS ELIGIBLE TO SHOP 1 TIME PER CALENDAR MONTH

12 total shops per year.

### 4. ALWAYS BRING YOUR MARTHA’S CLUB CARD WITH GUEST ID #

Help us serve you quickly, always have your Martha’s Club Card with Guest ID# ready! Need a new card? Just ask!

### 5. NO PARTIAL VISITS

Each visit to Martha’s counts as 1 full shop.

### 6. PLEASE DON’T ARRIVE EARLY

Do not arrive more than 15 minutes before any opening.

### 7. NO WEAPONS / NO SMOKING

### 8. NO HONKING / NO LITTERING / NO PHOTOS / NO CURSING / NO YELLING

### 9. MAKE SPACE IN YOUR CAR BEFORE YOU COME

Please make sure you have prepared enough space in your car for your order(s) to be loaded in.

### 10. PLEASE STAY IN YOUR VEHICLE

We will load the food into your car, please remain in your car for safety.

**11. PROBLEM AT MARTHA’S?** We want **everyone** to feel loved and respected at Martha’s. If you experience a problem, please let a manager or volunteer know immediately so we can resolve the issue.

I read & acknowledge the above rules: \_\_\_\_\_ (Signature)