

**The Emergency Food Assistance Program (TEFAP) New Mexico – USDA Commodity Foods**

Revised 9/30/2020

**1. NAME and ADDRESS (Please PRINT)** Only this person may pick up for the household--Tuesday OR Thursday

First Name	Middle Name	Last Name	Birth date (mm/dd/yyyy)	Gender (m/f)
Street Address / P.O. Box				Apt. # _____
City		State	ZIP code	

**2. RESIDENCE** (check 1): City of Santa Fe \_\_\_\_\_ Santa Fe County (*not in city*) \_\_\_\_\_ Outside Santa Fe County \_\_\_\_\_

**3. ETHNICITY** (check 1): Hispanic\_\_\_ Anglo\_\_\_ African American\_\_\_ American Indian \_\_\_ Asian\_\_\_ Other \_\_\_

**4. ADDITIONAL HOUSEHOLD MEMBERS (DO NOT INCLUDE YOURSELF)**

First Name	Gender (m/f)	Birth date (mm/dd/yyyy)	First Name	Gender (m/f)	Birth date (mm/dd/yyyy)
(1)			(4)		
(2)			(5)		
(3)			(6)		

**5. AUTOMATIC ELIGIBILITY FOR USDA COMMODITY FOODS** (Check any that your household receives)

**SNAP:** Yes \_\_\_ No \_\_\_      **WIC/CSFP:** Yes \_\_\_ No \_\_\_  
 Supplemental Nutrition Assistance Program (Food Stamps)      Women Infants and Children Program/Commodity Supplemental Food Program

**FDPIR:** Yes \_\_\_ No \_\_\_      **CACFP:** Yes \_\_\_ No \_\_\_  
 Food Distribution Program on Indian Reservations      Child and Adult Care Food Program

*If you checked Yes for any of the above, go to #7; otherwise, complete #6.*

**6. CIRCLE THE TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD** (including yourself):

**CIRCLE THE INCOME FOR YOUR HOUSEHOLD SIZE.**

GROSS INCOME LIMITS NEW MEXICO TEFAP/USDA FOODS PROGRAM (July 1, 2020 – June 30, 2021)					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For Each Add'l Family Member, Add	8,288	691	346	319	160

**IS YOUR INCOME EQUAL TO OR LESS THAN THE NUMBER CIRCLED ABOVE?** YES \_\_\_ NO \_\_\_

**7. I certify that the information I provided above is at or below the income I have circled or that my household is automatically eligible based on the programs I checked above.**

Signature _____	Date _____	Certifier <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
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**AUTHORIZATION FOR PICK UP:** NAME \_\_\_\_\_ REASON: \_\_\_\_\_

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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