



Pennsylvania  
Department of Agriculture

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

**Bureau of Food Assistance**

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

**"Self Declaration of Need"**

Effective July 1, 2025 to June 30, 2026

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

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

Zionsville Area Food Pantry      5023

\_\_\_\_\_  
Recipient County of Residence

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

Zion Lutheran Church      5901 Kings Highway S

\_\_\_\_\_  
Recipient Zip Code

\_\_\_\_\_  
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.

| <b>Total Household Income (based on 185% of Poverty)</b> |    |               |                |               |
|--|----|---------------|----------------|---------------|
| <b>Household Size</b>                                    |    | <b>Annual</b> | <b>Monthly</b> | <b>Weekly</b> |
| <b>Circle One</b>  |    |               |                |               |
| 1  | \$ | 28,953        | \$ 2,413       | \$ 557        |
| 2  | \$ | 39,128        | \$ 3,261       | \$ 753        |
| 3  | \$ | 49,303        | \$ 4,109       | \$ 949        |
| 4  | \$ | 59,478        | \$ 4,957       | \$ 1,144      |
| 5  | \$ | 69,653        | \$ 5,805       | \$ 1,340      |
| 6  | \$ | 79,828        | \$ 6,653       | \$ 1,536      |
| 7  | \$ | 90,003        | \$ 7,501       | \$ 1,731      |
| 8  | \$ | 100,178       | \$ 8,349       | \$ 1,927      |
| <i>For each additional family member add:</i>            |    | \$ 10,175     | \$ 848         | \$ 196        |

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household. 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 these records will be held in confidence at this distribution site but may be released to the Pennsylvania Department of Agriculture or the United State Department of Agriculture for review upon their request.

\_\_\_\_\_  
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