



Office of Community Services (OCS)
Department of Labor and Industrial Relations
State of Hawaii

**The Emergency Food Assistance Program (TEFAP)
Self-Declaration of Need/Proxy Form**

Name:	Number in Household:
Address:	Phone Number:
City, State Zip Code:	Email Address:
Distribution Site:	Site Address:

The Emergency Food Assistance Program operates in accordance with the 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 maximum household income guidelines listed below:

**Total Household Income (Based on 185% of Poverty)
2018 Poverty Guidelines for Hawaii**

Household Size	Annual Household Income	Household Size	Annual Household Income
1	\$25,826.00	5	\$62,604.00
2	\$35,021.00	6	\$71,799.00
3	\$44,215.00	7	\$80,993.00
4	\$53,410.00	8	\$90,188.00

For family units of more than 8 members, add \$9,195.00 for each additional person

PROXY DESIGNATION SECTION

If an individual is unable to fully participate in any part of the program due to a disability or lack of transportation, he/she may designate a representative to pick up their TEFAP food on their behalf by completing the proxy designate on this form. An ID shall be required of the representative upon receipt of commodities.

- ☐ I certify that I am unable to pick up my food at a designated distribution site due to a disability or lack of transportation and designate the following individual as my representative to pick up my TEFAP food:

Name of Designated Representative (Last, First, M.I.):

Telephone Number/email address:

☐ Home ☐ Cell

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 Hawaii in The Emergency Food Assistance Program. This certification is being completed in connection with the receipt of Federal assistance.

I understand that making a false statement may result in 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: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.

Agency Use Only:

Received by:

Date Received

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER