

Arizona Department of Economic Security
The Emergency Food Assistance Program (TEFAP)
Household Distribution Site Sign-In Sheet

Federal Poverty Guidelines 185 %		185% del índice federal de pobreza			
Household Del Hogar	Annual Anual	Monthly Mensual	Twice Monthly Dos veces al mes	Bi-Weekly Dos veces a la semana	Weekly Semanal
Household	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
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	\$4,729	\$2,364	\$2,183	\$1,091
6	\$65,046	\$5,420	\$2,710	\$2,501	\$1,250
7	\$73,334	\$6,111	\$3,055	\$2,820	\$1,410
8	\$81,622	\$6,801	\$3,400	\$3,139	\$1,569
For Each add'l member, add	+\$8,288	+\$691	+\$345	+\$319	+\$159

Important! Please read before completing

Importante! – Por favor, lea antes de llenar

By printing my name on this form, I certify the following:

- I meet the current income eligibility guidelines above to receive USDA commodities.
- I will not sell, trade, barter, or exchange these commodities for service.
- I live in the geographic area served by this distribution site.

Con mi nombre en esta forma, certifico que:

- Cumplo con los requisitos de elegibilidad de ingresos para poder recibir productos de la USDA.
- No venderé, traficaré, cambiaré, o canjearé estos productos por servicios.
- Resido en el área geográfica servida por este centro de distribución.

Print Name Escribe Nombre	Address or Client ID Dirección de cliente	Date of Birth* Fecha de Nacimiento*	Number of People in HH Numero de personas en Casa	Number of Boxes Numero de cajas	Initials Iniciales
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Distribution Site: _____ **Volunteer Name:** _____ **Date:** _____