MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
THE EMERGENCY FOOD ASSISTANCE PROGRAM

APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 1

I CERTIFY BY MY SELF-DECLARATION AND THE RECEIPT OF USDA/TEFAP FOODS THAT:

- I have reviewed The Emergency Food Assistance Program eligibility criteria listed below.
- All household members receive some form of public assistance or have a combined monthly gross income that does not exceed the income guidelines shown on the eligibility criteria sheet
- All members of my household are residents of Missouri
- Members of my household have not received TEFAP foods more than twice in the current calendar month

I UNDERSTAND:

- I may be prosecuted under current laws for accepting food for which I am not eligible.
- TEFAP foods may not be sold, traded, given away or otherwise diverted from my household's use.

ELIGIBILITY CRITERIA

A household may meet TEFAP income based standards in either of the following two ways:

1) **Be a Public Assistance (PA) household because all members of the household receive (or are included in the grant for) one or more forms of public assistance.**
2) **If the household is not eligible as a Public Assistance household, then the gross income of the household cannot exceed the maximum income limit for the applicable household size. (NPA)**

NOTE: Households eligible under #1 above shall not have their income explored under #2 above.

ELIGIBILITY GUIDELINES
(Effective April 1, 2026)

Public Assistance Includes, but is not limited to:

- Temporary Assistance (TA/TANF)
- Food Stamps/SNAP
- Low Income Home Energy Assistance (LIHEAP)
- MO HealthNet (Formerly Medicaid)
- Public Housing Assistance (HUD, Section 8)
- Supplemental Aid to the Blind (SAB)
- Blind Pension (BP)
- Supplemental Security Income (SSI)
- Women, Infants, and Children (WIC)

NOTE: Medicare, Social Security, Social Security Disability Insurance (SSDI), Unemployment Compensation and VA Benefits are **NOT** forms of Public Assistance

185% of Federal Poverty

HOUSE-HOLD SIZE	MONTHLY INCOME
1	$2,461
2	$3,337
3	$4,212
4	$5,088
5	$5,964
6	$6,839
7	$7,715
8	$8,591

For each additional household member over 8, add $876.

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.

INSTRUCTIONS FOR USE OF THE

APPLICATION FOR RECEIPT OF USDA FOODS

(FORM FD-15A)

The Application for Receipt of USDA Foods is a two part form. FD-15A-Part 1 lists the Eligibility Criteria for The Emergency Food Assistance Program and the USDA civil rights nondiscrimination statement. FD-15A-Part 2 lists the declaration statements and contains fields to capture the required information about the applicant and their household.

Food Pantry Staff shall:

1. Display the FD-15A Part 1 and Part 2 together at the sign-in area. Applicants **must** review the eligibility criteria prior to entering information or signing on Part 2.
2. Enter the FOOD PANTRY NAME and DISTRIBUTION MONTH AND YEAR on the FD-15A Part 2 form.
3. Certify household eligibility or denial by completing the Approved PA, Approved NPA or DENIED boxes on Part 2.
   - If all members of the household receive Public Assistance, mark the Approved PA box.
   - If there is a member of the household that does not receive a type of Public Assistance, the household must meet the income guidelines for the program. If the household is eligible by income guidelines, mark the approved NPA box.
   - If the household does not meet the eligibility criteria, mark the DENIED box.

The head of the household or authorized representative shall:

1. Review the eligibility criteria for The Emergency Food Assistance Program on FD-15A Part 1.
2. Complete the following fields: Household Size, Recipient Name, County or Zip Code, and Date on FD-15A Part 2.