



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
 THE EMERGENCY FOOD ASSISTANCE PROGRAM  
**APPLICATION FOR RECEIPT OF USDA FOODS - FD-15A-PART 1**

**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.

**Examples of public assistance include, but are not limited to:**

- Temporary Assistance (TA)
- MO HealthNet (formerly Medicaid)
- Supplemental Security Income (SSI)
- Supplemental Aid to the Blind (AB)
- Low Income Home Energy Assistance (LIHEAP)
- Food Stamps (FS)
- Public Housing Assistance
- Women, Infants and Children (WIC)
- Supplemental Payments (SP)

NOTE: Social Security and Medicare are **NOT** forms of public assistance.

**INCOME ELIGIBILITY GUIDELINES  
 (Effective April 1, 2018)**

125%  
of Federal Poverty

HOUSE-HOLD SIZE	MONTHLY INCOME
1	\$1,265
2	\$1,715
3	\$2,165
4	\$2,615
5	\$3,065
6	\$3,515
7	\$3,965
8	\$4,415

For each additional household member over 8, add \$450.

150%  
(Elderly/Disabled HHs)

HOUSE-HOLD SIZE	MONTHLY INCOME
1	\$1,518
2	\$2,058
3	\$2,598
4	\$3,138
5	\$3,678
6	\$4,218
7	\$4,758
8	\$5,298

For each additional household member over 8, add \$540.

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## 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 receipt 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, STREET ADDRESS, CITY AND DATE on FD-15A Part 2.
3. Enter their signature in the RECIPIENT SIGNATURE field to indicate agreement with the declaration statements.