

INSTRUCTIONS FOR TEFAP HOUSEHOLD APPLICATION FOR USDA FOODS (H1555)

Information for this this instructions were taken from the Household application USDA Form H1555 for The Emergency Food Assistance Program, and meets the criteria that gathers all the information that is required in the TEFAP Handbook, Section 4000 Managing the Program, Household Application. Sites may request but must *not* require proof of information. The *Household Application for USDA Foods* (Form H1555) has been revised by FBGC. The application to qualify households to receive United States Department of Agriculture (USDA) Foods through The Emergency Food Assistance Program (TEFAP). The Texas Department of Agriculture (TDA) administers TEFAP in Texas by contracting with organizations for distribution of USDA Foods.

CEs or sites should complete the revised *Household Application for USDA Foods* (Form H1555) when a household initially requests distribution of USDA Foods through TEFAP. Thereafter, CEs or sites should complete this form at least yearly if the household requests to continue TEFAP benefits.

Notes

- CE or site **may request but must not require proof** of information on this form.
- Complete one original per household.
- Keep the original on file.
- Maintain separate records for each household.
- Make additional copies as needed or download revised *Household Application for USDA Foods* (Form H1555) <https://www.tfbgc.org/agency-document-library>
- Retain the applications and distribution records of households for three years following the end of the certification periods corresponding to the documents.
Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, keep all forms and records until all issues are resolved.
- Retain records of household denials for three years following the decision date.
- TDA does not require the CE or site to use *Household Application for USDA Foods* to determine eligibility. Instead, the CE or site can use an alternate form as long as it contains **all** the information that appears on the H1555. CEs may also refer to *TEFAP Handbook*, Section 3, *Managing the Program*, “*Household Application for USDA Foods.*”

Section 1 — Household Information

Name of household member — Enter the name of the household member applying on behalf of the household.

Number of household members — Enter the number of household members for whom USDA Foods are requested.

Address — Enter the household's address. CEs or sites *may request but must not require proof* of address.

Name of proxy (person given the authority to act on behalf of household) (optional) — Enter this information if it is applicable. To change a proxy, CEs and sites must collect a written statement from the participant that contains the following information:

1. Participant's name
2. Proxy's name
3. Date of proxy change
4. Duration of time the proxy designation will be in effect

Section 2 — Categorical Eligibility

****Not Required for USDA Food Eligibility, however it is required by FBGC**

* Age Group/Grupo de Edad		*0-18	*19-59	*60 & over
*Phone Number/Numero de Telefono	() -			
Household Signature/Firma _____	Date/Fecha _____			

Section 3 — Categorical Eligibility

If a household currently receives one or more of the specific types of assistance listed, mark the appropriate assistance type(s). If the household does not receive any of the assistance types listed, leave the assistance types blank. CEs or sites may request but must not require proof of other assistance.

_____ Supplemental Nutrition Assistance Program (SNAP) /Programa de ayuda suplemental de la nutrición
_____ Temporary Assistance for Needy Families (TANF) /Asistencia temporal para familias necesitadas
_____ Supplemental Security Income (SSI) /Seguridad de ingreso suplementario
_____ National School Lunch Program (NSLP) (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido)
_____ Medicaid /Medicaid

Section 4 — Income Eligibility

Total gross income — This information is optional if the household is categorically eligible. (See Section 3.) Enter the total gross income of all household members, as stated by the household, and mark whether the income is received yearly, monthly, or weekly. CEs or sites may request but must not require proof of income.

Note: Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.

Total gross income \$ _____	Ingreso bruto total \$ _____
_____ per year _____ per month _____ per week	_____ por año _____ por mes _____ por semana

Section 5 — Household Crisis Eligibility

Complete Section 5 only if the household is **ineligible** because of information obtained in Sections 3 and 4.

Households qualify based on unexpected and unavoidable expenses of a household crisis.

Characteristics of a Household Crisis	Examples of Unexpected Costs of a Household Crisis <i>(The CE or site may define and document other circumstances.)</i>
1. Unexpected	1. Necessary medical treatment of a household member
2. Temporary	2. Burial expenses of a household member
3. Beyond the household’s control	3. Uncontrolled loss of employment
	4. The repair or replacement, because of a household disaster ¹ , of the household’s home, home contents, or vehicle

In the space provided, document the cause of the household crisis. Indicate eligibility and length of certification. (Must not exceed six months.)

Section 6 — Certification

Please ensure the applicant reads the full acknowledgement statement or read it to applicant.

¹ Household disasters may include fire, flood, hurricane, tornado, care repairs, and other circumstances or incidents as defined and documented by the CE or site.

Section 7 — Eligibility or Ineligibility

Indicate eligibility and length of certification. (Must not exceed one year.)

<p><input type="checkbox"/> Household is eligible. Length of certification: Beginning (month/year): _____ Ending (month/year): _____</p>	<p><input type="checkbox"/> El Hogar es elegible. Duración de la certificación: Inicio (mes/año): _____ Final (mes/año): _____</p>
<p>Indicate ineligibility then complete Section 5 if necessary.</p>	<p>Indique si el hogar no es elegible completa Sección 5.</p>
<p><input type="checkbox"/> Household is ineligible based on Sections 3 and 4, but qualifies for TEFAP based on Household Crisis Eligibility (Section 3& 4). Length of certification: Beginning (month/year): _____ Ending (month/year): _____</p>	<p><input type="checkbox"/> El hogar no es elegible basado en las secciones 3 y 4, pero califica para TEFAP basado en la elegibilidad de crisis del hogar (Sección 3&4). Duración de la certificación: Inicio (mes/año): _____ Final (mes/año): _____</p>

Section 8 — Signature and Date

The CE or site’s representative must sign and date the form.

Section 8 — Signature and date of CE or site staff

Sección 8— Firma y fecha del CE o del sitio personal

<p>Signature/Firma _____</p>	<p>Date/Fecha _____</p>
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