

EXHIBIT I



pennsylvania
DEPARTMENT OF AGRICULTURE

Children (0-17) _____
Adults _____
Seniors (60 and up) _____

Bureau of Food Distribution

The Emergency Food Assistance Program (TEFAP)

"Self Declaration of Need"

Effective July 1, 2018 to Jun 30, 2019

Recipient Name

Agency Representative Signature Date

Street Address

Distribution Site Name Number

City State Zip

Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with 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 income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

| Total Household Income (based on 150% of Poverty) | | | | | | |
|--|---------------|----------------|-------|---------------|-------|--|
| Household Size | | | | | | |
| Circle One | Annual | Monthly | | Weekly | | |
| 1 | \$ 18,210 | \$ | 1,518 | \$ | 350 | |
| 2 | \$ 24,690 | \$ | 2,058 | \$ | 475 | |
| 3 | \$ 31,170 | \$ | 2,598 | \$ | 599 | |
| 4 | \$ 37,650 | \$ | 3,138 | \$ | 724 | |
| 5 | \$ 44,130 | \$ | 3,678 | \$ | 849 | |
| 6 | \$ 50,610 | \$ | 4,218 | \$ | 973 | |
| 7 | \$ 57,090 | \$ | 4,758 | \$ | 1,098 | |
| 8 | \$ 63,570 | \$ | 5,298 | \$ | 1,223 | |
| <i>For each additional family member add:</i> | \$ 6,480 | \$ | 540 | \$ | 125 | |

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

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY 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



Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT