

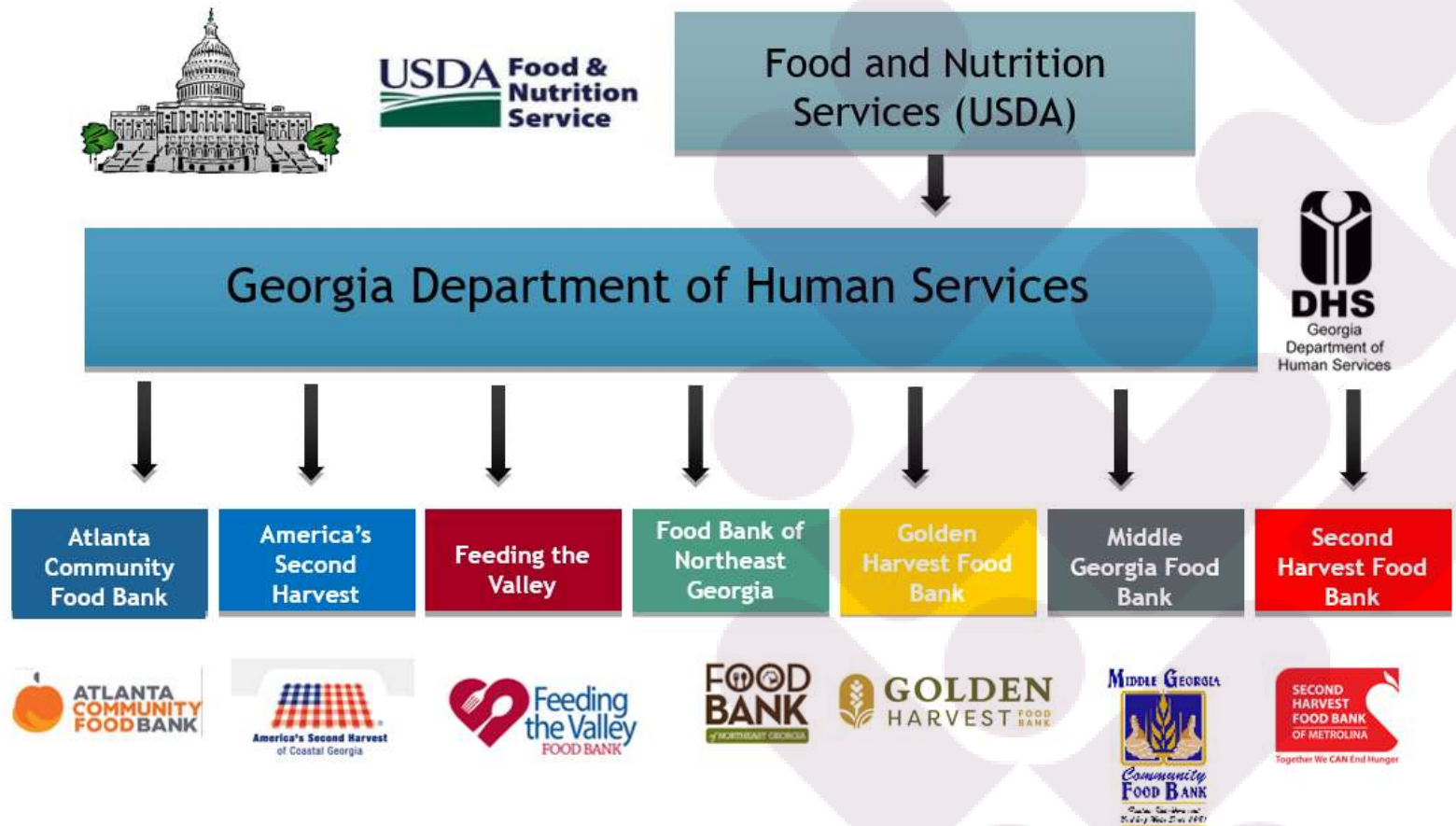


**GOLDEN**  
**HARVEST** FOOD  
BANK

TEFAP/USDA Training

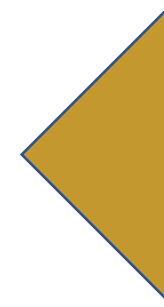
## What is TEFAP?

- The Emergency Food Assistance Program (TEFAP) helps supplement the diet of low-income persons, by providing groceries or meals at no cost to the recipient.
- It's one of four food streams Golden Harvest Food Bank provides to partner agencies.





- Available Foods:**  
Produce,  
Dairy,  
Meat, and  
Shelf-  
Stable  
Items





# Who Can You Serve?

## Income Eligible Clients

- Clients that meet the income guidelines listed on the TEFAP Application.
- New income guidelines will be available October 1<sup>st</sup>

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$786
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	Add \$897	Add \$207

## GA Residents

- Clients must reside in our 18 GA Counties:





## Available Foods through TEFAP:

- USDA/TEFAP food's order number will always begin with the #6 on the ordering website.
- The product name will always start with GA.
- SMF \$0.00 - \$0.16 cents per pound.



<a href="#">6231024</a>	GA ALMONDS, DRY ROASTED 12/2 LB. 100393	CASE	2.40
<a href="#">6237800</a>	GA BEANS, BLACK 24/300 110020	CASE	2.70
<a href="#">6230841</a>	GA BEANS, LIGHT RED KIDNEY DRY 12/2 LB 100385 / A920	CASE	0.00
<a href="#">6235874</a>	GA BEANS, PINTO CANNED 24/300 CANS 110021 / A049	CASE	2.70
<a href="#">6234129</a>	GA BEANS, PINTO DRY 12/2 LB. BAG 100382 / A914	CASE	0.00
<a href="#">6234261</a>	GA BEANS, VEGETARIAN CANNED 24/300 100363 / A090	CASE	2.82
<a href="#">6068763</a>	GA BEEF CHILI, WITH NO BEANS 24/24 OZ. 100138	CASE	3.70
<a href="#">6069251</a>	GA BEEF STEW, 24/24 OZ. 100526 / A590	CASE	4.30
<a href="#">6159310</a>	GA BEEF, CANNED 24/24 OZ 100127	CASE	3.60
<a href="#">6275200</a>	GA BLACKEYED PEAS, CANNED 24/15 OZ 100367 / A062	CASE	2.80
<a href="#">6109433</a>	GA BLUEBERRIES, DRIED 8/2 LB	CASE	1.70
<a href="#">6051038</a>	GA CEREAL, CRISPY HEXAGONS 14/12 OZ.	CASE	1.10

<a href="#">6279015</a>	GA PEAS, GREEN SPLIT DRY 12/2 LB. 111055	CASE	0.00
<a href="#">6278592</a>	GA PEAS, YELLOW SPLIT DRY 12/2 LB. 111057	CASE	0.00
<a href="#">6276977</a>	GA POTATOES, INSTANT MASHED 12/16 OZ. 100337 / A196	CASE	0.00
<a href="#">6158258</a>	GA SALMON, CANNED 24/14.75 OZ. 100198 / A802	CASE	2.70
<a href="#">6263059</a>	GA SAUCE, TOMATO 24/15 OZ. 100333	CASE	0.00
<a href="#">6061011</a>	GA SOUP, VEGETABLE 24/10.25 OZ. 100321	CASE	0.00
<a href="#">6061506</a>	GA SOUP, VEGETARIAN VEGETABLE 24/10.5 OZ. 100321	CASE	0.00
<a href="#">6151038</a>	GA TURKEY HAM, SLICED SMOKED 8/5 LB. 110911	CASE	4.00

## TEFAP Check List

- This federal program requires partner agencies to adhere to and keep the following items on file:

- Updated TEFAP Form 832 (Food Pantry Only)
- Commodity Distribution Record (Food Pantry Only)
- Menu: USDA/TEFAP (On-Sites Only)
- Report totals by the 1<sup>st</sup> of the month
- Labels for dry and frozen storage areas
- Justice for All poster
- Public Notification (Annually in October)
- Notice of Beneficiary Rights



# TEFAP Application

- Your agency may choose to use one application per visit or opt to have the client to fill one application annually and sign the back of the form each visit.
- Electronic versions are also permitted, providing they have the proper wording and signing options.



**Georgia Department of Human Services**  
**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**  
**Household Eligibility Criteria Form**

**Distribution Agency Site Name:** \_\_\_\_\_

**Distribution Agency Site Address:** \_\_\_\_\_

**Name of Head of Household:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **OR Zip Code:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Number in the Household over 65:** \_\_\_\_\_ **Number in the Household under 18:** \_\_\_\_\_

**Number in the Household:** \_\_\_\_\_ **Income of the Household:** \_\_\_\_\_ **Monthly or Weekly (Circle One)**

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,420	\$786
3	\$4,324	\$993
4	\$5,220	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	\$897	\$207

\*\*\*This table shows the monthly and weekly income limit for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP food\*\*\*

**Please read:** I self-attest that my gross household income is at or below the income listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
**(Signature of Head of Household)**

\_\_\_\_\_  
**(Date)**

**Authorized Representative:**

I hereby authorize \_\_\_\_\_ to pick up food for my household.

(Please print)

\_\_\_\_\_  
**(Signature of Head of Household)**

\_\_\_\_\_  
**(Date)**

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 religion 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 National Center for Food and Nutrition Assistance (NFPA) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form SD-3257, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/SD-3257.pdf>, from any USDA office, by calling (800) 843-9888, 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 SD-3257 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. 20250-9411; or
2. (817) 256-9888 or (202) 690-7942; or
3. email:  
[usda.nfdirector@usda.gov](mailto:usda.nfdirector@usda.gov)

This institution is an equal opportunity provider.

**TEFAP B32 Household Eligibility Form**

For use from **December 30, 2024 – September 30, 2025**

Applicants must sign each time food is received.

[illegible]

Thank you for visiting a Golden Harvest Food Bank Partner Agency. Together, with your local food pantry, we are proud to supplement your nutritional needs at no charge, donation, or obligation of volunteer services.

# Commodity Distribution Record

- This record serves as a menu of items provided to households.
- Only one record is required per distribution.
- Be sure to include the commodity number, name, and units provided per household.



## TEFAP Commodity Distribution Record

Distribution Site

GHRB

Distribution Date

1/29/2025

Distribution Site  
Address:

3310 Commerce Dr.  
Augusta, GA 30909

Distribution Time:

1:00 pm

Client Name

(Please Print)

Commodity Type / Code	Commodity Name	Units per Household	Commodity Type / Code	Commodity Name	Units per Household
6061506	GA Vegetarian Veggie Soup	2			
6069251	GA Beef Stew	2			
6107827	GA Applesauce	2			
6145006	GA Orange Juice	1			
6159092	GA Chicken Breast Chunk	2			
627130	GA Spaghetti Pasta	1			
6230841	GA Pork Kidney Beans	1			
6234129	GA Dry Pinto Beans	1			
6263059	GA Tomato Sauce	2			
6275200	GA Canned Blackeye Peas	2			



# Menu (On-Sites Only)

- On-site agencies that prepare meals must keep written records that include menus and list if it is a TEFAP item.

May 12th			
USDA/TEFAP		Yes	No
Chicken		X	
Macaroni & Cheese		X	
Green Beans			
Peach Cobbler			
Sweet Tea			



# Reporting (On-Sites Only)

- If any USDA/TEFAP item is used for the meal it will be counted as a USDA meal.
- If USDA/TEFAP is not used in the meal, do not include that meal in the USDA section of your meal report.
- We count meals – if a person receives seconds, count them twice.



On-Site			
USDA	Basic		
Total USDA Meals	Total Meals	Total Meals Seniors (60+)	Total Meals Children (<18)
759	759	217	58
512	512	136	53
566	566	167	42

## Reporting:

- The total number & total people should match the USDA total families and total USDA people.
- Exceptions include:
  - If the client was not eligible.
  - You ran out of USDA/TEFAP.
  - You did not serve USDA/TEFAP at every distribution



### Food Pantry

- |  |     |
|--|-----|
| 1. Total number of Families served this month at your pantry         | 50  |
| 2. Total number of People in the households you served               | 100 |
| 3. Total number of Families that received USDA product               | 50  |
| 4. Total number of People in the Families that received USDA product | 100 |
| 5. Total number of Seniors (60+) served at your pantry               | 25  |
| 6. Total number of Children (under 18) served at your pantry         | 10  |

- Label all dry and frozen TEFAP storage areas.
- Maintain & record temperature logs weekly.

Refrigerator storage range: 36-41 degrees.

Frozen storage range: 0 degrees





# Public Notification:

- Each year, agencies must provide public notification that includes the non-discrimination statement found on the And Justice for All poster.
- These can include:
  - Social media posts
  - Fliers posted in public spaces



## Partner Agency Information

Agency Name Agency Name Agency Name	
Agency Name Agency Name	
Address, City, State Zip Code	
Hours of Operation	
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time

### USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.



# What Should Be Posted in Your Pantry?

## Where clients can see!

### Written Notice of Beneficiary Rights for The Emergency Food Assistance Program (TEFAP)

#### TEFAP Written Notice of Beneficiary Rights

Name of Organization: \_\_\_\_\_

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights Executive Director  
Center for Civil Rights Enforcement  
1400 Independence Avenue SW  
Washington, DC 20250-9410, or by email to [program.intake@usda.gov](mailto:program.intake@usda.gov)

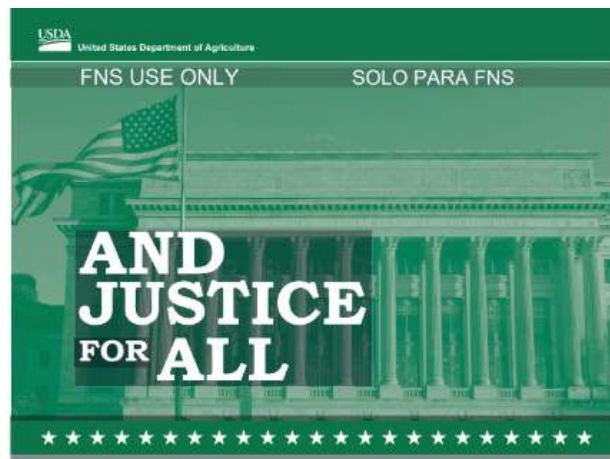
5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact USDA Hunger Hotline:

#### The USDA Hunger Hotline:

- **By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE** to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text: 914-342-7744** with a question that may contain a keyword such as "food," "summer," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

For participating TEFAP/USDA Agencies only



In accordance with Federal 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), age, disability, and 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 for program information (e.g., Braille, large print, audiotape, and 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.aphis.usda.gov/indianaffairs/3027.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:

mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:  
(833) 256-1665 or (202) 690-7442; or

email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por correo postal.

correo postal:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o

fax:  
(833) 256-1665 o (202) 690-7442; o

correo electrónico:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución ofrece igualdad de oportunidades.



### Georgia TEFAP Income Eligibility Guidelines 2024-2025



Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$786
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	Add \$897	Add \$207



Revised 01/08/2025

AJFA Poster must be visible to clients at all Golden Harvest partner agencies participating in TEFAP/USDA.

For participating TEFAP/USDA Agencies only

Yes  
Or  
No!



I suspect I have a lot of illegal  
immigrants coming to my pantry.  
Do I need to serve them if they  
don't have ID?

# Yes!

## Why?

- As per your agreement with GHFB and Feeding America guidelines, you cannot ask for citizenship identification.
- Your role is to feed the food insecure. You are only allowed to ask for income verification based on self-declaration.





Yes  
Or  
No!



I pack my food bags/boxes based on family size. Can I ask for proof of children in the home?



# No!

## Why?

- USDA says that agencies may not establish any additional eligibility criteria other than self-declared income to receive TEFAP in Georgia.



Yes  
Or  
No!



Can I give TEFAP food to clients  
who reside outside our 18 GA  
counties?



# No!

## Why?

- TEFAP food is allocated on a state by state and service area basis, meaning you cannot serve TEFAP food to people from other states, or from outside the service area. Addresses are self-reported, and the agency may use their own address for homeless guests.
- You should give donated or purchased food to any guests who do not qualify for TEFAP.





Yes  
Or  
No!



Do I need to store frozen TEFAP food in a separate freezer?



# No!

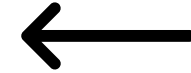
## Why?

- All TEFAP food must be clearly separated and labeled. Even if TEFAP food shares space with non-TEFAP food the individual shelves must be labeled clearly.
- All staff/church food must be stored somewhere else.
- Food must be kept locked and secured according to Feeding America.

Non-TEFAP food



TEFAP food



Yes

Or

No!



Do I need to label my shelves?

USDA/TEFAP

(Items that begin with a 6 on the menu and have an item description that starts with GA)



**GOLDEN**  
HARVEST FOOD  
BANK

EVERY MEAL MATTERS.

# Yes!

## Why?

- All TEFAP food must be clearly separated and labeled. Even if TEFAP food shares space with non-TEFAP food the individual shelves must be labeled clearly.
- All staff/church food must be stored elsewhere.
- We recommend labeling the shelves TEFAP or ALL (food that anyone can receive).





Yes  
Or  
No!



Do clients need to be present at distribution to receive TEFAP food?



# NO!

## Why?

- Clients can name a proxy on the TEFAP forms to pick up TEFAP food for them.
- These clients must have a completed and current TEFAP form on file with the proxy named and a signature from the client.
- **HOWEVER:** If your agency has clients complete a new form at every distribution this is not a feasible option.



Georgia Department of Human Services  
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
Household Eligibility Criteria Form

Distribution Agency Site Name: \_\_\_\_\_  
Distribution Agency Site Address: \_\_\_\_\_  
Name of Head of Household: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ OR Zip Code: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Number in the Household over 60: \_\_\_\_\_ Number in the Household under 18: \_\_\_\_\_  
Number in the Household: \_\_\_\_\_ Income of the Household: \_\_\_\_\_ Monthly or Weekly (Circle One)

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$798
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	\$897	\$207

\*\*\*This table shows the monthly and weekly income limit for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP food\*\*\*

Please read: I self-attest that my gross household income is at or below the income listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

Authorized Representative  
I hereby authorize \_\_\_\_\_ to pick up food for my household.  
(Please print)  
\_\_\_\_\_  
(Signature of Head of Household)  
\_\_\_\_\_  
(Date)

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 marital or marital status. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (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 (800) 725-6949 (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.ams.usda.gov/programs/civilrights/submitcomplaint/ad3027.pdf>, from any USDA office, by calling (866) 646-6325, 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:  
(800) 368-1084 or (202) 696-7442; or  
3. email:  
FDS@ams.usda.gov

This institution is an equal opportunity provider.  
TEFAP 832 Household Eligibility Form

For use from December 30, 2024 – September 30, 2025

Yes  
Or  
No!

Do we ask for proof  
of income?



# NO!

## Why?

- USDA requires that each client be asked to **write their income on Head of Household income line OR circle their income in the income box.**

**Income is self-declared, we do not ask for proof.**

- We do not ask for check stubs, SSI, bank statements, etc.





# QUESTIONS?

