

Ashford Farmers' Market Nutrition Program



Client Name _____ Number in Household _____

Address _____

Street and house number

City/Town

State

Telephone# _____ Email _____

Please provide the following for each household member:

NAME	DOB	MALE/FEMALE	RELATIONSHIP

SOURCE OF MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
State		Housing	
SS		Electric	
SSI		Heating	
Work		Out of pocket medical	
Unemployment			
Food Stamps			
TOTAL INCOME		TOTAL EXPENSES	

Client Signature _____ Date: _____

The Farmers Market voucher qualification will be based upon CT TEFAP income guidelines.

The table below shows a yearly gross income 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 commodities.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	31,937	43,029	54,121	65,213	76,305	87,397	98,489	109,581

- For each additional person add \$11,092

Income guidelines reflect 235% of the federal poverty limit, last updated on 7/1/2022

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs: Supplemental Nutritional Assistance Program (**SNAP**), Women, Infants and Children (**WIC**), Temporary Assistance for Needy Families (**TANF or TFA**), Energy Assistance, HUSKY Health/Medicaid, Section 8 Rental Assistance Program, State Administered General Assistance (**SAGA**), and Supplemental Security Income (**SSI**).