

**TEFAP Take Home Eligibility Self Declaration Form FDP-105**

I, the undersigned, agree to indemnify and hold harmless this Agent and the State of Nebraska, their Departments, officers, agencies, and employees, from any and all claims, demands, damages, costs, expenses, actions, and causes of action out of any act or occurrence pertaining to the issuance and acceptance of the USDA commodity items.

I further certify that my household's current gross income is equal to or below the following amounts, or that I am participating in one of the following: SNAP, ADC, State Supplemental (AABD), Energy, Medical only, State Disability, or Refugee program. I understand that if I provide incorrect information to obtain these food items, my household may be permanently suspended from this program. I also understand that, if eligible, my household can only receive these items once a month.

Size of Household	Monthly Income	Size of Household	Monthly Income	For each additional household member add \$603
1	\$ 1724	4	\$ 3532	
2	\$ 2326	5	\$ 4135	
3	\$ 2929	6	\$ 4738	

Signature	Address	No. in Household	Month	Year

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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