



Emergency Food Assistance Program (EFAP)

Eligibility is based upon the gross income guidelines listed below. The recipient checks the ***LINE that applies to their Household Size***, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Effective July 1, 2025, through June 30, 2026

Household Members	60% State Median Income (SMI)	60% State Median Income (SMI)
	ANNUAL	MONTHLY
<input type="checkbox"/> 1	\$41,299.20	\$3,441.60
<input type="checkbox"/> 2	\$54,014.40	\$4,501.20
<input type="checkbox"/> 3	\$66,722.40	\$5,560.20
<input type="checkbox"/> 4	\$79,430.40	\$6,619.20
<input type="checkbox"/> 5	\$92,138.40	\$7,678.20
<input type="checkbox"/> 6	\$104,846.40	\$8,737.20

For each additional household member above six persons, add three percentage points to the percentage for a six-person household (132 percent), and multiply the new percentage by 60 percent of the State's estimated median income for a four-person household.

Household Members	Benefit Amount
1	\$35
2	\$50
3	\$65
4	\$80
5+	\$100

VOUCHER AMOUNT CAN CHANGE WITHOUT NOTICE CONTINGENT ON FUNDING

Income Eligibility Verification

Head of Household Name	# Of Household Members	Monthly Income	Benefit Amount
		\$	\$