

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
ALTERNATE HOUSEHOLD APPLICATION FOR USDA FOODS (H1555B)  
THE EMERGENCY FOOD ASSISTANCE PROGRAM**

The *Alternate Household Application for USDA Foods* (Form H1555B) is another version of the application to qualify households to receive United States Department of Agriculture (USDA) Foods through The Emergency Food Assistance Program (TEFAP). The Texas Department of Agriculture (TDA) administers TEFAP in Texas by contracting with organizations for distribution of USDA Foods. This version of the application is designed to assist Contracting Entities (CEs) who might be using a “drive through” or similar method of distribution.

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CEs or sites should complete the *Alternate Household Application for USDA Foods* (Form H1555B) when a household initially requests distribution of USDA Foods through TEFAP. Thereafter, CEs or sites should complete this form at least yearly if the household requests to continue TEFAP benefits.

**Notes**

- CE or site may request but must not require proof of information on this form.
- Keep the original on file.
- Maintain separate records for each household.
- Make additional copies as needed or download *Household Application for USDA Foods* (Form H1555a) at [www.squaremeals.org](http://www.squaremeals.org). (Choose Programs, The Emergency Food Assistance Program, TEFAP Administration and Forms, then enter the form number in the appropriate search field.)
- Retain the applications and distribution records of households for three years following the end of the certification periods corresponding to the documents.  
*Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, keep all forms and records until all issues are resolved.*
- Retain records of household denials for three years following the decision date.

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**Application**

1. **Name of household member (or proxy)** — Obtain the name of a household member who is eligible to apply on behalf of the household. If no one in the household is older than 18 then a household member younger than 18 may complete the form. Please ensure the applicant reads the full acknowledgement statement or read it to applicant.
2. **Phone number – enter phone number of household member** **\*\*Not required\*\***
3. **Number of household members** — Enter the number of household members for whom USDA Foods are requested.

4. **Number of households by age group – enter the number of all members based on age group **\*\*Not Required\*\*****
  
5. **Address** — Enter the household's address. CEs or sites may request but must not require proof of address.

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**Certification Columns:  
Categorical Eligibility**

Mark the categorical column if the household currently receives one or more of the specific types of assistance listed. If the household does not receive any of the assistance types listed, leave the column blank. CEs or sites may request but must not require proof of other assistance.

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**Income Eligibility**

**Total gross income** — This information is optional if the household is categorically eligible. Request the applicant's total gross income of all household members. CEs or sites may request but must not require proof of income. Mark the income column if the applicant's income is at or below the eligibility limit as listed on the guideline chart.

***Note:** Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.*

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**Household Crisis Eligibility**

*Mark only if the household is ineligible based on category or income eligibility.*

Households qualify based on unexpected and unavoidable expenses of a household crisis.

<b>Characteristics of a Household Crisis</b>	<b>Examples of Unexpected Costs of a Household Crisis</b> <i>(The CE or site may define and document other circumstances.)</i>
1. Unexpected	1. Necessary medical treatment of a household member
2. Temporary	2. Burial expenses of a household member
3. Beyond the household's control	3. Uncontrolled loss of employment
	4. The repair or replacement, because of a household disaster <sup>1</sup> , of the household's home, home contents, or vehicle

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**Ineligible**

Mark ineligible column if household is determined to be ineligible.

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**Certification Period and CE Signature and Date**

The CE or site's representative must sign and date the form. Note the certification periods must not exceed one year for categorical or income eligibility or six months for crisis eligibility.

Items not to be included on application:

1. Social Security number or ID number: these are not required documentation in order to qualify for eligibility.

If your agency offers more services and require obtaining more information from client, then the agency may use a separate form but cannot be denied for food services if do not provide.

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<sup>1</sup> Household disasters may include fire, flood, hurricane, tornado, care repairs, and other circumstances or incidents as defined and documented by the CE or site.