

The Emergency Food Assistance Program (TEFAP)

PRINT

Name: _____ City: _____

County: _____ # in Household: _____

Recipient provides the information above and attests to household income or categorical eligibility.

Categorical eligibility:		
Women, Infants, and Children (WIC)	Supplemental Nutrition Assistance Program (SNAP)	National School Lunch Program (NSLP)
_____	_____	_____

Optional and not required to receive food

Age ranges: ___ # 0-5 ___ #6-17 ___ #18-54 ___ #55-59 ___ #60-64 ___ #65+ ___ # Veteran

Race: ___ White ___ Black ___ Asian ___ American Indiana/Alaskan Native ___ Native Hawaiian / Pacific Islander

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino

Employed? ___ Yes ___ No

Date	Date	Date	Date	Date

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