

The Emergency Food Assistance Program (TEFAP) Effective July 1, 2023

PRINT

Name: _____ City: _____

Address: _____ # 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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