

The Emergency Food Assistance Program (TEFAP)
Effective January 6, 2025

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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