

The Emergency Food Assistance Program (TEFAP) Proxy Statement Form- Effective January 6, 2025

PANTRY: Food Finders Fresh Market Pantry

COUNTY: Tippecanoe

ADDRESS: 2451 Greenbush Street, Lafayette, Indiana, 47904

Recipient provides the information below, confirms review of current income guidelines, and attests to household income or categorical eligibility.

Categorical eligibility:

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

RECIPIENT INFORMATION

NAME		HOUSEHOLD SIZE
CITY	COUNTY	

PROXY INFORMATION

NAME	
CITY	COUNTY

Proxy designation is
 Temporary
 Permanent

Site personnel completing form _____
 Date _____

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