

## The Emergency Food Assistance Program (TEFAP) Proxy Statement Form- Effective July 1, 2023

**PANTRY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

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

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

### 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
ADDRESS	CITY	ZIP

#### PROXY INFORMATION

NAME		
ADDRESS	CITY	ZIP

Proxy designation is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Site personnel completing form _____  Date _____
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