

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.

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

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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