

I certify that: 1) I am a member or a proxy of the household living at the address provided and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; 2) all information provided to the agency determining my household’s eligibility is, to the best of my knowledge and belief, true and correct. **I acknowledge that I may be prosecuted for making false** statements related to the information I have provided for this application.

This Conference uses CharityTracker, a shared computerized record keeping system, to capture information. I have had the opportunity to ask questions about CharityTracker and authorize the release of information on this form to participating agencies.

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Agency Representative Signature: _____ **Date:** _____

List everyone in the household that will benefit from the food provided.

Name (last, first)	Relationship	Date of Birth

Proxy if any: _____

Is anyone in your household currently receiving SNAP or food stamps?

Yes No Don't Know / Prefer not to answer

Does anyone in your household currently receive benefits through the following government programs? Select all that apply.

- Free/reduced price school lunch TANF or cash assistance Medicaid Unemployment
 Supplemental Security Income (SSI) Women, Infants, and Children (WIC) None
 Don't know / Prefer not to answer

Combined Income for all adults living in the household:	CIRCLE ONE: Weekly Or Monthly Or Yearly Amount	\$
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Is this household in Crisis (explain)? _____

STAFF USE ONLY: Based on the information given above and the requirements for TEFAP, the neighbor appears to be: <input type="radio"/> Eligible : 6 months <input type="radio"/> Eligible : 1 year <input type="radio"/> Not eligible
Signature: _____ Last Name/Date: _____

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