

The Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request

Name of Organization: _____

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Participant name: _____

Best way to reach you (phone/address/email):

FOR STAFF USE ONLY

1. Date of objection: ____/____/____

2. Referral (check one):

____ Individual was referred to (name of alternate provider and contact information):

____ Individual was given TDA-provided referral information (such as a website, hotline, or list of other service providers funded by TDA)

____ Individual left without a referral

____ No alternate service provider is available. On the lines below, summarize below the efforts you made to identify an alternate provider (for example: contacted another food pantry, soup kitchen, or distribution site; contacted TDA; contacted the food bank; etc).

