

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

Name of Organization: Central Texas Food Bank

Contact information for program staff (name, phone number, and email address, if appropriate):
Kara Hedlund, khedlund@centraltexasfoodbank.org, (512) 684-2133

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).

