

The Emergency Food Assistance Program (TEFAP) Application Form

Formulario de solicitud del Programa de Asistencia Alimentaria de Emergencia

Agency Name _____ Date of Distribution _____ / _____ / 2020

Agency Rep. Name (print) _____ & Signature _____

Certification period for eligible households through 05/30/2021. Households not eligible because of income can qualify through household crisis on the basis of COVID-19.

Categorical Eligibility / Elegibilidad Categórica	
SN	Supplemental Nutrition Assistance Program
T	Temporary Assistance For Needy Families
N	National School Lunch Program
SSI	Supplemental Security Income
M	Medicaid

1 st time here? ¿Primera vez aquí? (If "no," skip)	Full Name	Address	City	Zip Code	Number of people in household / Número de personas en el hogar	Categorical Eligibility	Household Income (Ingreso Familiar) Y: yearly/annual M: monthly/mensual W: weekly/semanal	Household Crisis	Proxy Name & Signature / (Nombre de apoderado & Firma)	For Staff Use Only: Eligible (E) or Not (NE)? Sólo para uso de personal: ¿Elegible (E) o No (NE)?
	Nombre Completo	Dirección	Ciudad	Código Postal		Elegibilidad categórica		Elegibilidad de crisis del hogar		
<input type="checkbox"/> Yes /Sí				7_____		<input type="checkbox"/> SN <input type="checkbox"/> SSI <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> M	\$_____ <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> W		COVID-19	<input type="checkbox"/> E <input type="checkbox"/> NE
<input type="checkbox"/> Yes /Sí				7_____		<input type="checkbox"/> SN <input type="checkbox"/> SSI <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> M	\$_____ <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> W		COVID-19	<input type="checkbox"/> E <input type="checkbox"/> NE
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