

The Emergency Food Assistance Program (TEFAP) Application Form

Formulario de solicitud del Programa de Asistencia Alimentaria de Emergencia

Agency Name _____ Date of Distribution _____ / _____ / 2021

Agency Rep. Name (print) _____ & Signature _____

Certification period for eligible households through 12/31/2021. 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

1st time here? ¿Primera vez aquí?	Full Name	Address & City	Zip Code	Number of people in household Número de personas en el hogar	Veteran, active military in HH? ¿Veterano, miembro activo de la militar en la casa?	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"/> Veteran <input type="checkbox"/> Act. mil.	<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"/> Veteran <input type="checkbox"/> Act. mil.	<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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