

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: (512) 282-211; communications@centraltexasfoodbank.org

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).



**El Programa de Asistencia Alimentaria de Emergencia (TEFAP)
& Programa de Alimentos de Productos Suplementarios (CSFP)
Solicitud de Referencia de Beneficiario**

Nombre de la Organización: Central Texas Food Bank

Información de contacto del personal del programa: (512) 282-211; communications@centraltexasfoodbank.org

Si usted se opone a recibir servicios de nosotros con base del carácter religioso de nuestra organización, favor de llenar este formulario y devolverlo al contacto del programa antes expuesto. Su uso de este formulario es voluntario.

Si usted se opone a recibir servicios de nosotros con base del carácter religioso de nuestra organización, debemos dedicar esfuerzos razonables para identificar y referirle a un proveedor alternativo a que no se opone. Sin embargo, no podemos garantizar que en todos los casos un proveedor alternativo sea disponible.

Nombre del/de la participante: _____

La mejor manera de contacto (teléfono/dirección/dirección de correo electrónico):

SOLO PARA PERSONAL / 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).

