

## The Emergency Food Assistance Program (TEFAP) Proxy Statement Form

**PANTRY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Recipient provides the information below, confirms review of current income guidelines, and attests to household income or categorical eligibility.**

**Categorical eligibility:**

Women, Infants, and Children (WIC) \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) \_\_\_\_\_ National School Lunch Program (NSLP) \_\_\_\_\_

**OPTIONAL AND NOT REQUIRED TO RECEIVE FOOD**

Age ranges: \_\_\_\_\_ # 0-5 \_\_\_\_\_ #6-17 \_\_\_\_\_ #18-54 \_\_\_\_\_ #55-59 \_\_\_\_\_ #60-64 \_\_\_\_\_ #65+ \_\_\_\_\_ # Veteran

Race: \_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ American Indiana/Alaskan Native \_\_\_ Native Hawaiian / Pacific Islander

Ethnicity: \_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Employed? \_\_\_ Yes \_\_\_ No

**RECIPIENT INFORMATION**

NAME	HOUSEHOLD SIZE
CITY	COUNTY

**PROXY INFORMATION**

NAME	
CITY	COUNTY

Proxy designation is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Site personnel completing form _____  Date _____
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