

## The Emergency Food Assistance Program (TEFAP) Proxy Statement Form- Effective January 6, 2025

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

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

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

<b>Categorical eligibility:</b>		
Women, Infants, and Children <b>(WIC)</b>	Supplemental Nutrition Assistance Program <b>(SNAP)</b>	National School Lunch Program <b>(NSLP)</b>
_____	_____	_____

### 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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