

Agency Name \_\_\_\_\_

Date \_\_\_\_\_

Site Address \_\_\_\_\_



	*Print Name	*# in Household	# Children	# Seniors	# Vets	ZIP	*What state do you reside in?	*How are you eligible for TEFAP?
1								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
2								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
3								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
4								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
5								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
6								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
7								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
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10								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
11								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
12								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
13								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
14								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
15								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
16								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
17								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
18								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
19								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
20								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food