

# USDA Sign-In Form

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

Date \_\_\_\_\_



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

	*Print Name	*# in Household	# Children	# Seniors	# Vets	*In which state do you reside?	*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
8.							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
9.							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food
10.							<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In Need of Emergency Food