

**The Emergency Food Assistance Program (TEFAP)  
Proxy Statement Form- Effective July 1, 2024**

**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**

PHONE NUMBER	( ) -	
NAME		HOUSEHOLD SIZE
ADDRESS	CITY	ZIP

**PROXY INFORMATION**

NAME		
ADDRESS	CITY	ZIP

Proxy designation is

\_\_\_\_ Temporary

\_\_\_\_ Permanent

Site personnel completing form \_\_\_\_\_

Date \_\_\_\_\_

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