

**The Emergency Food Assistance Program (TEFAP)  
Proxy Statement Form- Effective July 1, 2023**

**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
ADDRESS	CITY	ZIP

**PROXY INFORMATION**

NAME		
ADDRESS	CITY	ZIP

Proxy designation is Temporary Permanent	Site personnel completing form _____
	Date _____

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