

TEFAP Qualifying Information Name: _____ Household size: ____

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Street Address

City

Zip Code

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Phone

Number of Children (age 0-17)

of Adults (18-59)

of Seniors (60+)

<p>Indicate which programs you participate in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> PH (Section 8/public housing) <input type="checkbox"/> FF (Families First) <input type="checkbox"/> LIHEAP 		<p>OR</p>	<p>Provide your household's monthly income:</p> <p>_____</p>
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Office use only: USDA Y / N</p> </div>	

Please list the information for everyone in your household, including yourself. If there are more than 6 people in your household, please use a second sheet. (Note: this information is *not* required to receive USDA product.)

Name (first and last)	Date of Birth	Gender	Race

This institution is an equal opportunity provider.