

**The Emergency Food Assistance Program (TEFAP)  
Proxy Statement Form- Effective January 6, 2025**

**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**

NAME		HOUSEHOLD SIZE
CITY	COUNTY	

**PROXY INFORMATION**

NAME	
CITY	COUNTY
Proxy designation is Temporary Permanent	Site personnel completing form _____  Date _____

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