

Date of Distribution _____

Location _____

TEFAP Modified Client Intake Form for ETFB Drive-Thru Distributions

Households not eligible on the basis of income can qualify through household crisis on the basis of COVID-19.

| Last Name/Nombre | Address/ Dirección | # in Household/ numero en casa | Monthly Income/ Ingreso por Mes | Household Crisis | Signature | E/ NE |
|------------------|--------------------|-----------------------------------|------------------------------------|---------------------|-----------|----------|
| | | | | COVID-19 | COVID-19 | E |
| | | | | COVID-19 | COVID-19 | E |
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| | | | | COVID-19 | COVID-19 | E |

This institution is an equal opportunity provider.
 Esta institución es un proveedor que ofrece igualdad de oportunidades.

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