



Benefits Assistance Interest Form

Date: _____

Name: _____

Phone Number: _____

County: _____

Email: _____

What Programs are you interested in completing an application for?:

SNAP

Medicaid (Children or Adult)

TANF

Medicare Savings Program

Office Use Only

Referring Agency or Program: _____

Please scan or text form and send to (903)707-0230 or afoust@easttexasfoodbank.org



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