

Agency Name _____
 Date of Distribution _____

Agency Rep Name Print _____
 Signature _____

The Emergency Food Assistance Program Application Form/
 El formulario de solicitud del Programa de Asistencia Alimentaria de Emergencia

****Certification period for eligible households through 8/31/2021**

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

Name/Nombre	Address/ Dirección	# in Household / Número en casa	Monthly Income/ Ingreso por Mes	Household Crisis/ Elegibilidad de Crisis del Hogar	Signature waived for Participants/ Proxy	For Staff Use only: Household is Eligible (E) or Not Eligible (NE)
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE
				COVID-19	COVID-19	E / NE

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