

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 12/31/2021**

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

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

***Categorical Eligibility - Participant automatically eligible if receiving: SNAP (Food Stamps), TANF, SSI, NSLP (Free/Reduced School Lunch), and/or Medicaid.**

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