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 3/31/2023 – Form invalid after 3/31/22

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

Name/Nombre	Address/ Dirección	*Categorial Eligibility/ Elegibilidad Categórica	# 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	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.

This institution is an equal opportunity provider.

Esta institución es un proveedor que ofrece igualdad de oportunidades.