

## **Benefits Assistance Interest Form**

<b>V</b> BANK	Date:
Name:	
County:	
Email:	
What Programs are you inte	erested in completing an application for?:
SNAP	Medicaid (Children or Adult)
TANF	Medicare Savings Program
Office Use Only	
Referring Agency or Program:	
FOOD BANK	Date:
Name:	
_	
Email:	
SNAP	
TANF	
TAINF	erested in completing an application for?:
	erested in completing an application for?:  Medicaid (Children or Adult)
Office Use Only Referring Agency or Program:	erested in completing an application for?:  Medicaid (Children or Adult)  Medicare Savings Program



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<b>* - 2 11111</b>	
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SNAP	Medicaid (Children or Adult)
TANF	Medicare Savings Program
Office Use Only	
Referring Agency or Program:	
Snap a picture and text to (903) 952-0404 o	r scan & email to benefits1@easttexasfoodbank.org



EAST TEXAS FOOD BANK	Benefits Assistance Interest Form  Date:
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