

Agency Certification for TEFAP Food in Distressed Situations

Pursuant to 7 CFR 251.5(b) State agency must establish uniform State wide criteria for determining participant eligibility.

Name of Distributing Agency: _____

Address: _____

Phone: _____

Volunteer's Name: _____

During distribution on (___/___/___) I certify verification of eligibility was conducted verbally and all clients were qualified to receive food from the Emergency Feeding Assistance Program.

7 CFR 251.5(b), State agencies must establish uniform Statewide criteria for determining participant eligibility.

Volunteer's Signature: _____

Number of Households Served: _____

Number of Meals Served: _____