|  |  |
| --- | --- |
| \*Categorical Eligibility | |
| SNAP | Supplemental Nutrition Assistance Program |
| TANF | Temporary Assistance For Needy Families |
| SSI | Supplemental Security Income |
| NSLP | National School Lunch Program |
| Medicaid | Medicaid |

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

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Distribution\_\_\_\_\_\_\_\_\_\_\_ Agency Rep Name Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Rep Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Certification period for eligible households through 4/30/2020. Households not eligible because of income can qualify through household crisis on the basis of COVID-19.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** /Nombre | **Address** / Dirección | **\*Categorical**  **Eligibility /** Elegibilidad categórica | **Household Income (yearly, monthly, or weekly)**  Ingreso Familiar  *(Anual, mensual, o semanal)* | **# in Household/** Número de personas en el hogar | **Household Crisis/ Elegibilidad de Crisis del Hogar** | **Signature** /Firma  **Proxy Name & Signature**  Nombre y Firma del Apoderado | **For Staff Use only:**  **Household is Eligible or Not Eligible** | **Is this your 1st time at this site?/**  **¿Es su 1a vez en este sitio?** |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |
|  |  |  |  |  |  | COVID-19 | **eligible/not eligible** | □ Yes/Sí □ No |

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