Tenino Community Service Center
Intake Form

Date: _____

(No Other Info Is Needed If Only Receiving TEFAP Foods)

Last Name: First Name: Household Size:

TEFAP Certification

To receive TEFAP commodities, you self-declare that:

1. Your name and household size provided are correct.
2. You reside within WA State (no minimum length of residency required).
3. Your income is at or below 400% of the Federal Poverty Guidelines (see guidelines accompanying this form).
4. You agree that TEFAP food is for home consumption, and your household needs this food.
5. You have been shown and have read the full USDA Nondiscrimination Statement.

Please indicate to food bank staff that you agree with these declarations.

Additional Requested Information

Phone: Date of Birth: Veteran? Yes No

Street Address: City: Zip Code:

Emergency Contact Name: Phone:

ADULTS in Household (First and Last Name):	**Date of Birth:**
MINOR CHILDREN in Household (First and Last Name):	Date of Birth:

Dog: _____

Cat: _____

This institution is an equal opportunity provider.