



TEFAP Screening

Last Name:	First Name:
Address Line 1:	County:
Address Line 2:	City:
State:	Zip Code:

No Fixed Address / Undisclosed

Household Size: _____

Household Monthly Income: _____

Social Assistance Programs

<input type="checkbox"/> Medicaid	<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	