

Service Reporting Form

FW Agency Name: _____

Distribution Date: _____

By checking the TEFAP ATTESTATION box, you are confirming that you have read and understand the TEFAP/USDA food eligibility requirements and that your household qualifies based on income guidelines and/or are categorically eligible. *(Contact Feeding Westchester for any additional information & updates)*

# of Households	CLIENT NAME & SIGNATURE		# of People in Household			TOTAL PEOPLE	TEFAP ATTESTATION
	LAST, FIRST and Address	SIGNATURE	# of Children	# of Adults (18-59)	# of Seniors (60+)		
			TOTALS:				

TOTAL Households: _____

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