Service Reporting Form

FW Partner 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 additonal information & updates)***

	CLIENT NAME & SIGNATURE		# of People in Household				
# of House-holds	LAST, FIRST	SIGNATURE	# of Children	# of Adults (18-59)	# of Seniors (60+)	TOTAL PEOPLE	TEFAP ATTEST-ATION
		TOTALS:					

TOTAL Households: _____

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