



BENEFICIARY REFERRAL REQUEST

**The Emergency Food Assistance Program (TEFAP) -
Beneficiary Referral Request**

FOOD PANTRY / SOUP KITCHEN / SHELTER INFORMATION

Food Pantry / Soup Kitchen / Shelter: _____

Staff Name: _____

Phone Number: _____ Email Address: (if appropriate) _____

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Customer Name: _____

Provide at least one of the following:

Phone Number: _____

Address: _____

Email Address: (if appropriate) _____

FOR STAFF USE ONLY

Date of objection: _____

Individual was referred to: _____
(name of alternate provider and contact information)

Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)

Individual left without a referral

No alternate service provider is available --summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):

