

# TEFAP – The Emergency Food Assistance Program

## USDA FOODS Acceptance Report

*This form must be submitted, along with the TEFAP Summary Report, to the Food Bank by the 7<sup>th</sup> of the month. Failure to submit these forms will jeopardize your next food allocation.*

Agency Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_ EFO: \_\_\_\_\_

Revision date – 1-27-2025

**Qualifier Codes**

1. **SELF DECLARATION - LOW INCOME (185% of poverty)**
2. **Existing Local, State or Federal Program participant**  
**(example – WIC)**
3. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

#3 Reason \_\_\_\_\_

	Date	Printed Name	# Adults	# Children	Q Code	TOWN Required	Zip Code required
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
		<b>Total Adults &amp; Children</b>					

- TEFAP foods shall not be sold, exchanged, or otherwise disposed of without the approval of the NJDA.
- Do not request proof of income.

This institution is an equal opportunity provider.

