

USDA (TEFAP) Food Program Participant Roster



Agency Name _____

Date _____

	Print Name	Current Michigan Resident (Y/N)	Number of Children (0-18) <small>OPTIONAL TO ANSWER</small>	Number of Seniors (60+) <small>OPTIONAL TO ANSWER</small>	Total Number of People in Household	How are you Eligible for USDA Food? Select one or more ✓		
						Income	Program	In need of food
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Total # of People in Households: _____ Total # of Children _____ Total # of Seniors _____

**This Institution is an equal opportunity provider*