

PARTICIPANT REGISTRATION

INFORMATION		
FIRST NAME:	LAST NAME:	
PHONE:	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD:		
MEMBERS OF YOUR HOUSEHOLD BY AGE:		
Adults (18-64):	Children (< 18):	Senior (65+):

TEFAP? Yes No (Must sign self-declaration form)

Do you receive SNAP benefits? Yes No If No, would you like information about SNAP? _____

What other support/resources would be helpful to you?

PARTICIPANT REGISTRATION

INFORMATION		
FIRST NAME:	LAST NAME:	
PHONE:	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD:		
MEMBERS OF YOUR HOUSEHOLD BY AGE:		
Adults (18-64):	Children (< 18):	Senior (65+):

TEFAP? Yes No (Must sign self-declaration form)

Do you receive SNAP benefits? Yes No If No, would you like information about SNAP? _____

What other support/resources would be helpful to you?
