



POF \_\_\_\_\_

Name: _____	Phone: _____	
Address: _____	City: _____	Zip Code: _____
County: _____	Total Number in Household: _____	Age: _____
Email: _____		

How did you hear about us:  - Road Signage  - Social Media  
 - Word of Mouth  - Newspaper/Radio  
 - Text Message  - Phone Call  
 - Flyer/Mailer  - Other - \_\_\_\_\_

\*\*\*\*Please check to see the TEFAP page is attached and fully completed\*\*\*\*

**(To be completed by volunteer counselor)**

Do you *currently* attend church - Y / N      Church name - \_\_\_\_\_

A/S - Y / N / Q      POF date - \_\_\_\_\_

In providing your phone number and email address, you agree to receive texts, calls, and emails reminding you when we are providing a food distribution.