



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 - _____

Date	Volunteer	Date	Volunteer	Date	Volunteer

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.