



## 2025/2026 Supplemental EFAP Registration

☐ NEW ☐ REVERIFICATION  
☐ BOX

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address verified by TCK \_\_\_\_\_

City/Town (Required): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_



*Applicant will need **One Proof of Residence** (where you live, not PO Box)*

### Income Eligibility

*Please X next to the number of people in your household*

\_\_\_ 1 person - \$37,560 \_\_\_ 2 people - \$50,076 \_\_\_ 3 people - \$63,960 \_\_\_ 4 people - \$77,160 \_\_\_ 5 people - \$90,360  
\_\_\_ 6 people - \$103,560 \_\_\_ 7 people - \$116,760 \_\_\_ 8 people - \$129,960 \_\_\_ 9 people - \$143,160 \_\_\_ 10 people - \$156,360

*Is your household **TOTAL Yearly Income** less than the amount next to the family size? Yes \_\_\_ No \_\_\_*

### Program Eligibility

*Please X all assistance programs, that any household member is eligible for or currently receiving*

___ Food Stamps	___ SSI
___ Medicaid / Children's Medicaid	___ SSDI
___ Subsidized Housing (Rental Subsidy)	___ Aid to Permanently and Totally Disabled ( <b>APTD</b> )
___ Fuel Assistance / Electric Assistance	___ Temporary Assistance to Needy Families ( <b>TANF</b> )
___ Women, Infants and Children ( <b>WIC</b> )	___ Commodity Supplemental Food Program
___ Free/Reduced School Meals Assistance	___ County, City or Town Welfare

### Household Information

*Please list ALL members of household, beginning with **Applicant***

Name	Date of Birth
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

**The above information is true and correct.** I understand that this will be kept confidential and is needed to verify my household eligibility to receive food each week. **This food is not to be sold or exchanged.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

## **2025/2026 Annual Registration**

**July 9, 2025- September 5, 2025**

### **Permission Note:**

If you want someone who is not in your household to pick up your box, please give them a note saying they may pick up your box "today" or on a specific date, or that they may pick up your box "any time". We will put "any time" notes in the computer so the person does not need a note every week. **Please use the space below to update your “any time” note because any old notes will be deleted.**

Name(s)

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has/have permission to pick up my food box any time.

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Please check any programs that you **want information** about:

- |   |  |
|---|--|
| <input type="checkbox"/> Food Stamps                                | <input type="checkbox"/> SSI   |
| <input type="checkbox"/> Medicaid                                   | <input type="checkbox"/> SSDI  |
| <input type="checkbox"/> Subsidized Housing                         | <input type="checkbox"/> Aid to Permanently and Totally Disabled ( <b>APTD</b> ) |
| <input type="checkbox"/> Fuel Assistance / Electric Assistance      | <input type="checkbox"/> Temporary Assistance to Needy Families ( <b>TANF</b> )  |
| <input type="checkbox"/> Women, Infants and Children ( <b>WIC</b> ) | <input type="checkbox"/> Commodity Supplemental Food Program                     |
| <input type="checkbox"/> Free/Reduced School Meals Assistance       | <input type="checkbox"/> County, City or Town Welfare                            |