

2026/2027 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 - \$38,304 2 people - \$51,936 3 people - \$65,568 4 people - \$79,200 5 people - \$92,832
 6 people - \$106,464 7 people - \$120,096 8 people - \$133,728 9 people - \$147,360 10 people - \$160,992

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

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps (SNAP)
<input type="checkbox"/> Medicaid / Children's Medicaid
<input type="checkbox"/> Subsidized Housing (Rental Subsidy)
<input type="checkbox"/> Fuel Assistance / Electric Assistance
<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Free/Reduced School Meals Assistance | <input type="checkbox"/> SSI
<input type="checkbox"/> SSDI
<input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD)
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Commodity Supplemental Food Program
<input type="checkbox"/> 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** _____

2026/2027 Annual Registration

July 1, 2025- September 4, 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)

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