

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

HOUSEHOLD DISTRIBUTION FORM

AGENCY NAME: _____ DATE OF DISTRIBUTION: _____

DISTRIBUTION ADDRESS: _____ DISTRIBUTION TIME: _____

COMMODITIES DISTRIBUTED PER HOUSEHOLD

Commodity Code:	Name of Commodity:	Units per household:

TOTAL AMOUNT DISTRIBUTED _____

USDA is an equal opportunity provider and employer.