

TEFAP – The Emergency Food Assistance Program

USDA FOODS Acceptance Report

This form must be submitted, along with the TEFAP Summary Report, to the Food Bank by the 7th of the month. Failure to submit these forms will jeopardize your next food allocation.

Agency Name: _____

Month/Year: _____ EFO: _____

Revision date – 2-2026

Qualifier Codes

- 1. SELF DECLARATION - LOW INCOME (185% of poverty)**
- 2. Existing Local, State or Federal Program participant
(example – WIC)**
- 3. DISASTER (Other – can be divorce, domestic violence,
unusual expense, loss of employment, etc.)**

#3 Reason _____

	Date	Printed Name	# Adults	# Children	Q Code	TOWN Required	Zip Code required
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
		Total Adults & Children					

- TEFAP foods shall not be sold, exchanged, or otherwise disposed of without the approval of the NJDA.
- Do not request proof of income.

This institution is an equal opportunity provider.

