



TANF Statewide COVID Relief Emergency Summer Food Box Initiative Eligibility Form

Distributing Agency: _____

Distributing Agency Address: _____

Distributing Agency Contact Person: _____

Date of Distribution: _____

Head of Household Name: _____

Household Address: _____

City _____

Number of adults over the age of 18 in the household ____

Number of children under the age of 18 in the household ____

Is any family member in the household a U.S. Citizen? ____ Yes ____ No

Head of Household must answer all three questions as "Yes" to be eligible:

- 1. Has your household been affected by COVID? ____ Yes ____ No
- 2. Are their children living in your household? ____ Yes ____ No
- 3. Are you on one of the following programs?: ____ Yes ____ No
 - a. SNAP
 - b. Free and Reduced School Lunch
 - c. USDA Summer Meals Program
 - d. USDA Afterschool Meals Program
 - e. WIC
 - f. Medicaid/ARKids First

Certified by: _____

Date: _____

Agency/Distribution Staff

Frequent Visits

Certified by: _____ Date: _____

Agency/Distribution Staff

Certified by: _____ Date: _____

Agency/Distribution Staff

Certified by: _____ Date: _____

Agency/Distribution Staff

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