The Emergency Food Assistance Program
and the Commodity Supplemental Food Program
Beneficiary Referral Request

Name of Organization: ____________________________________________________________

Contact information for program staff (name, phone number, and email address, if appropriate):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Participant name: ____________________________________________________________

Best way to reach you (phone/address/email): ______________________________________
_____________________________________________________________________________
_____________________________________________________________________________

FOR STAFF USE ONLY

1. Date of objection: ____/____/____
2. Referral (check one):
   ______ Individual was referred to (name of alternate provider and contact information):
   __________________________________________________________________________
   ______ Individual was given TDA-provided referral information (such as a website, hotline, or list of other service providers funded by TDA)
   ______ Individual left without a referral
   ______ No alternate service provider is available. On the lines below, summarize below the efforts you made to identify an alternate provider (for example: contacted another food pantry, soup kitchen, or distribution site; contacted TDA; contacted the food bank; etc).
   __________________________________________________________________________
   __________________________________________________________________________

This institution is an equal opportunity provider.