

**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.

July 2016