

The Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP) Beneficiary/Client Referral Request Form

Name of Organization:

State Agency Information:



Washington
State Department of
Agriculture

**FOOD
ASSISTANCE**

foodassistance@agr.wa.gov
(360) 725-5640

Contact Information for Program Staff:

AGR Form No. 609-2239 (R/4/19)

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 as 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.

Please check if you want to be referred to another service provider.

Provide the following information:

Your 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: _____
- Individual was given State agency-provided referral information (i.e. a website, hotline or list of other services providers funded by WSDA).
- Individual left without a referral
- No alternate service provider is available - summarize below what efforts you made to identify an alternate provider (including reaching out to WSDA or local/eligible recipient agencies):

This institution is an equal opportunity provider.