

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
HOUSEHOLD DISTRIBUTION FORM**

Agency Name:

Date of Distribution:

Distribution Address:

Distribution Time:

**Commodity Units Distributed Per Household**

**Size of Household**

Commodity Code	Name of Commodity	Size of Household			
		1	2-3	4-5	6+
<b>Total Units distributed per household</b>					

**USDA is an equal opportunity provider and employer.**