

## USDA BENEFICIARY REFERRAL REQUEST

TEFAP CSFP

### ORGANIZATION INFORMATION

Name of Organization \_\_\_\_\_

Program Staff Member Name \_\_\_\_\_

Organization Staff Member Phone Number \_\_\_\_\_ Organization Staff Member Email \_\_\_\_\_

### YOUR USE OF THIS FORM IS VOLUNTARY

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 person identified above.

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 the box if you want to be referred to another service provider.**

### ALTERNATE SERVICE PROVIDER (ASP) LOCATION INFORMATION

To find TEFAP/CSFP locations in your area, visit: [des.az.gov/services/basic-needs/food-assistance](http://des.az.gov/services/basic-needs/food-assistance)

\*Scroll to the bottom and click on the program you'd like more information on.

You may also find food banks by visiting: [azfoodbanks.org/get-food](http://azfoodbanks.org/get-food)

ASP Organization Name: \_\_\_\_\_

ASP Distribution Address: \_\_\_\_\_

ASP Program Contact Phone Number: \_\_\_\_\_ ASP Distribution Days/Time (if known): \_\_\_\_\_

### ORGANIZATION STAFF USE ONLY

Date of Objection: \_\_\_\_\_

#### Referral Status:

Client was referred to organization listed above using non-state agency resources.

Client was referred to organization listed above using state agency resources.

Client left without a referral.

No alternative service providers were available (*summarize on the back of this form the efforts made to identify an alternate service provider; include contacts made with the state agency or regional food bank*).

Organization Staff: If no alternate service providers were available, summarize the efforts made to identify an alternate provider in the box below. Include in your summary contacts made with state agency or regional food bank staff.