

SNAP/EBT Referral

Site Name: _____ Date: _____

Please Note: You are giving permission for a SNAP Outreach Specialist to call and arrange for personalized assistance for you. Be sure your phone number and address is complete and legible.

Your name: _____ Date of birth: _____

Phone number: _____ Email address: _____

Street address: _____ City: _____

Zip code: _____ Okay to text message? Yes No

Comments/Language: _____

Household size: _____ Children (#): _____ Seniors, 60+ (#): _____

**SNAP Outreach and food support:
612-247-1446 or 1-844-764-5513**

This institution is an equal opportunity provider.



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