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| **DEPARTMENT OF HEALTH SERVICES**Division of Public Health F-01763 (12/2016) | **STATE OF WISCONSIN** |
| **THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)** **REVIEW FINDINGS FOR FOOD PANTRIES, SOUP KITCHENS AND SHELTERS** |
|  |
| **Federal Fiscal Year** |       |
| 1. Outlet Name

      | Review Date      | Date Follow-up Completed       |
| Street Address and City      | Emergency Feeding Organization(EFO)      | County      |
| 1. This outlet is a [ ]  food pantry [ ]  soup kitchen [ ]  shelter [ ]  other
 |
| Outlet representative(s) interviewed:  |                    |
| 3. Lead Reviewer/agency conducting: |       |
| Accompanying Reviewer/agency: |       |
| 4. Review finding will be distributed to        on        . |
| 5. Strengths:  |
| 6. Required Action(s): | **Action Deadline(s)** |

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7. Recommendation(s):