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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** | | | | | | | | | |
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| **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):