



UNIVERSITY OF GEORGIA
EXTENSION



Foods & Nutrition

Agent Certification Form Eligibility for Participation in 4-H EFNEP Projects

This form is to be kept confidential and must be completed by county 4-H staff only. Under no circumstances should any 4-H'er be asked to complete these forms. Under no circumstances should any 4-H'er be questioned about his/her eligibility.

Name of Agent: _____ County: _____ District: _____

Agent Certification

On my honor, I hereby certify to the best of my knowledge that _____
(name 4-H'er) comes from a family that is likely eligible to receive free or reduced-price school lunches and/or SNAP benefits. He/she will compete in the _____ project on
_____ (date) and is in the _____ grade.

Agent Signature (Required)

EFNEP Program Assistant Signature (Optional)

*Updated: Keri Hobbs, Courtney Brown, Sarah Henes
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georgia4h.org

AGRICULTURE AND NATURAL RESOURCES • FAMILY AND CONSUMER SCIENCES • 4-H YOUTH

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