

**AGENT CERTIFICATION FORM  
ELIGIBILITY FOR PARTICIPATION IN 4-H EFNEP  
FAN (Food and Nutrition) Projects**

*This form is to 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 or questioned about their eligibility. Information should be confirmed through casual contact with the 4-H'er or knowledge of their circumstances as a member of 4-H.*

Name of County Extension Agent: \_\_\_\_\_

County: \_\_\_\_\_

District: \_\_\_\_\_

Agent Certification:

On my honor, I hereby certify that to the best of my knowledge, (Name of 4-H'er)

\_\_\_\_\_, is in the following EFNEP/FAN project

\_\_\_\_\_, comes from a family which is most

likely to be eligible to receive free or reduced price school lunches and food stamps and lives in

low income areas.

\_\_\_\_\_  
Signature of County Extension Agent

Copies to:

District 4-H Program Development Coordinators  
State EFNEP/FNP Coordinator

Revised 10/ 01