

# PANTRY INTAKE FORM

## HOUSEHOLD APPLICATION FOR USDA FOODS

Name of Household Member: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

(\*Participant will receive USDA Foods through TEFAP even if a participant refuses to provide their date of birth or phone number)

Name of Proxy (if applicable): \_\_\_\_\_

Address of Proxy: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

This person is designated to pick up food on behalf of the eligible household. The proxy must show ID every time they pick up on behalf of the eligible household.

**If the household receives other assistance, mark the appropriate choice(s) below and skip the “Total Household Income” and crisis situation sections.**

- Supplemental Nutrition Assistance Program (SNAP)                       Supplemental Security Income (SSI)  
 Temporary Assistance for Needy Families (TANF)                       Medicaid  
 National School Lunch Program (NSLP) (free or reduced-price meals)

Total Household Income: \$ \_\_\_\_\_ per \_\_\_\_\_

### The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2021 – June 30, 2022

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
For each additional household member, add:	+\$8,399	+\$700	+\$350	+\$324	+\$162

**ANSWER ONLY if your household does not receive the government assistance listed above AND your income does not fall within the USDA income guidelines above: Was there a crisis situation that caused you to need food?**

Yes    No   If yes, please state the situation: \_\_\_\_\_

*The USDA Certification period is up to twelve months. For crisis food need the certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.*

CONTINUED ON REVERSE →



CENTRAL TEXAS FOOD BANK

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## HOUSEHOLD APPLICATION FOR USDA FOODS

CONTINUED FROM REVERSE

By signing below, I certify that:

(1) I am a member of the household living at the address provided in Section II and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

### INTAKE STAFF OR VOLUNTEER ONLY:

**USDA Certification Period:** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **Certifier's Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Household is eligible based on the following (check appropriate option):

Receives government assistance listed above     Low income     Crisis food need

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**(1)** mail: U.S. Department of Agriculture    **(2)** fax: (202) 690-7442; or    **(3)** email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

*This institution is an equal opportunity provider.*



CENTRAL TEXAS FOOD BANK

Revised January 2021

Faith Food Pantry

Date *Fecha* \_\_\_\_\_

**Agent Addendum to Pantry Intake Form**

Please complete with each client order

***Anexo del agente al formulario de inscripción***

*Por favor complete con cada pedido del cliente*

**Client Information - *Información del cliente***

Name of Household Member \_\_\_\_\_

*Nombre del miembro del hogar*

Number of Adults in Household (18+) \_\_\_\_\_

*Número de adultos en el hogar (18+)*

Number of Children in Household (under 18) \_\_\_\_\_

*Número de hijos en el hogar (menores de 18)*

**Agent Information - *Información del agente***

Agency \_\_\_\_\_

*Agencia*

Representative \_\_\_\_\_

*Nombre del apoderado*

Agency Phone Number \_\_\_\_\_

*Número de teléfono de la agencia*

Representative Phone Number (if different) \_\_\_\_\_

*Número de teléfono del apoderado*

Updated July 2019 - *Actualizado Julio 2019*