

Attachment 8: Client Intake Form (English)

TEFAP Eligibility Form 1 October 2021 – 30 September 2022

| | |
|-----------------------|--|
| Name | |
| Address | |
| City | |
| County | |
| Household size | FNS/Food Stamps: Yes <u> </u> No <u> </u> |

| <u>Effective October 1, 2021 through September 30, 2022</u> (Household gross income must be at or below for appropriate size household) | | | |
|--|-------------|-----------|-----------|
| HOUSEHOLD SIZE | PER YEAR | PER MONTH | PER WEEK |
| 1 | \$25,776 | \$2,148 | \$496 |
| 2 | \$34,848 | \$2,904 | \$670 |
| 3 | \$43,920 | \$3,660 | \$845 |
| 4 | \$53,016 | \$4,418 | \$1,020 |
| 5 | \$62,088 | \$5,174 | \$1,194 |
| 6 | \$71,160 | \$5,930 | \$1,368 |
| 7 | \$80,256 | \$6,688 | \$1,543 |
| 8 | \$89,328 | \$7444 | \$1,718 |
| EACH ADDITIONAL FAMILY MEMBER | (+ \$9,096) | (+ \$758) | (+ \$175) |

The above table shows a yearly gross income for each family size. If your household income is **at or below** the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. **OR, if you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps)** you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Please read the following statement carefully, then sign the form and write in today's date. I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

| | |
|--|-------------|
| Proxies are for individuals unable to attend a distribution, and use a proxy instead. | Date |
| Proxy: | |
| Proxy: | |
| Client Signature: | |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the

USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email:

program.intake@usda.gov This institution is an equal opportunity provider.

| | Date m/d | Client Signature | FNS | | Yearly Income | Monthly Income | Weekly Income | Agency Signature |
|----|-------------|------------------|-----|----|---|-------------------|------------------|---------------------|
| | | | Yes | No | | | | |
| | | | | | If you do not receive FNS Benefits (Food Stamps), record your yearly, monthly, or weekly income if there has been a change. | | | |
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Attachment 9: Client Intake Form (Spanish)

FORMA DE ELEGIBILIDAD PARA TEFAP 1 Octubre 2021– 30 Septiembre 2022

| | |
|---------------------------------|---------------------------------------|
| Nombre: | |
| Dirección: | |
| Ciudad: | |
| Condado: | |
| Número de personas en el hogar: | Cupones de alimentos? si ____ no ____ |

Efectivo desde 1 de Octubre 2021 hasta 30 de Septiembre de 2022
(Los ingresos gruesos tienen que estar en o abajo para el tamaño apropiado del hogar.)

| TAMAÑO DE HOGAR | POR AÑO | POR MES | POR SEMANA |
|--------------------------------------|------------|----------|------------|
| 1 | \$25,776 | \$2,148 | \$496 |
| 2 | \$34,848 | \$2,904 | \$670 |
| 3 | \$43,920 | \$3,660 | \$845 |
| 4 | \$53,016 | \$4,418 | \$1,020 |
| 5 | \$62,088 | \$5,174 | \$1,194 |
| 6 | \$71,160 | \$5,930 | \$1,368 |
| 7 | \$80,256 | \$6,688 | \$1,543 |
| 8 | \$89,328 | \$7444 | \$1,718 |
| CADA MIEMBRO ADICIONAL DE LA FAMILIA | (+\$9,096) | (+\$758) | (+\$175) |

La tabla abajo muestra los ingresos gruesos anuales para cada tamaño de familia. Si sus ingresos de hogar están en o debajo los ingresos en la tabla para el número de personas en su hogar, usted es elegible para recibir los alimentos. Un hogar es definido como un grupo de personas que viven juntos y comparten dinero y otros recursos a fin de conseguir el alimento. **O, si usted participa en una programa de estampillas de alimentos, usted es automáticamente elegible para recibir TEFAP y no tiene que mirar la escala de ingresos.**

Nota: Los siguiente puede ser leído a personas que no saben leer. La gente que es incapaz de firmar su nombre puede firmar usando un X.

Por favor lea la declaración siguiente con cuidado, luego firme la forma y escriba la fecha de hoy. Entiendo que cualquier falsificación de necesidad, venta, o mal uso de la comida que he recibido es prohibida y podría causar multas, el encarcelamiento, o ambos. (Sec. 211 E, PL 960494 y Sec. 4C, PL 93-86, según enmendado.)

| | | |
|---|--|---------------------|
| <u>La siguiente sección es sólo para los individuos recluidos.</u> | | <u>Fecha</u> |
| <u>Representante Autorizado:</u> | | |
| <u>Representante Autorizado:</u> | | |
| firma del cliente: | | |

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf, y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov. Esta institución es un proveedor que ofrece igualdad de oportunidades.

| | Fecha m/d | Firma | Cupones de alimentos | | Ingresos Por Año | Ingresos Por Mes | Ingresos Por Semana | Firma de Representante de la Agencia |
|----|--------------|-------|---|----|---------------------|---------------------|---------------------------|--|
| | | | Si | No | | | | |
| | | | Si usted no recibe estampillas de comida, escribir en tu anual, mensual, semanal o ingresos. | | | | | |
| 1 | | | | | | | | |
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Attachment 10: COVID Intake Form

TEFAP ELIGIBILITY APPLICATION FOR USE DURING
COVID-19

AGENCY NAME: _____

TEFAP DISTRIBUTION SITE ADDRESS: _____

CITY: _____

COUNTY: _____

Issued by: _____

Date: _____

*Agency Representative Signature***IMPORTANT-----READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S):**

Participant understands that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93- 86 as amended)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Sign-In Sheet for Mobile Distribution

Date: _____

| | | FNS | | Monthly Income | Weekly Income | Number in Household | Authorized Proxy Name |
|----|---------|-----|----|---|---------------|---------------------|-----------------------|
| | | Yes | No | If you do not receive FNS Benefits (i.e. food stamps), Enter monthly or weekly income | | | |
| 1 | Name | | | | | | |
| | Address | | | | | | |
| 2 | Name | | | | | | |
| | Address | | | | | | |
| 3 | Name | | | | | | |
| | Address | | | | | | |
| 4 | Name | | | | | | |
| | Address | | | | | | |
| 5 | Name | | | | | | |
| | Address | | | | | | |
| 6 | Name | | | | | | |
| | Address | | | | | | |
| 7 | Name | | | | | | |
| | Address | | | | | | |
| 8 | Name | | | | | | |
| | Address | | | | | | |
| 9 | Name | | | | | | |
| | Address | | | | | | |
| 10 | Name | | | | | | |
| | Address | | | | | | |
| 11 | Name | | | | | | |
| | Address | | | | | | |
| 12 | Name | | | | | | |
| | Address | | | | | | |

| Effective October 1, 2021 through September 30, 2022 | | | |
|--|-------------|-----------|-----------|
| Household Size | Per Year | Per Month | Per Week |
| 1 | \$25,776 | \$2,148 | \$496 |
| 2 | \$34,848 | \$2,904 | \$670 |
| 3 | \$43,920 | \$3,660 | \$845 |
| 4 | \$53,016 | \$4,418 | \$1,020 |
| 5 | \$62,088 | \$5,174 | \$1,194 |
| 6 | \$71,160 | \$5,930 | \$1,368 |
| 7 | \$80,256 | \$6,688 | \$1,543 |
| 8 | \$89,328 | \$7,444 | \$1,718 |
| EACH ADDITIONAL FAMILY MEMBER | (+ \$9,096) | (+ \$758) | (+ \$175) |

TEFAP Client Eligibility & Distribution Form, 1 October 2021 – 30 September 2022

Attachment 11: Half Sheet Intake

| | | |
|-----------------------|-----------------------------------|-------------------------------------|
| Name | | |
| Address | | |
| City | | |
| County | | |
| Household Size | | FNS/Food Stamps: Yes _____ No _____ |
| Income \$ | Circle one: Weekly Monthly Yearly | |

Income guidelines on back

Please read the following statement carefully, then sign the form. I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

Date:

| | |
|---|--|
| Proxy: <i>picking up for someone else</i> | |
| Client Signature: | |
| Agency Signature: | |

*This institution is an equal opportunity provider.***TEFAP Client Eligibility & Distribution Form, 1 October 2021 – 30 September 2022**

| | | |
|-----------------------|-----------------------------------|-------------------------------------|
| Name | | |
| Address | | |
| City | | |
| County | | |
| Household Size | | FNS/Food Stamps: Yes _____ No _____ |
| Income \$ | Circle one: Weekly Monthly Yearly | |

Income guidelines on back

Please read the following statement carefully, then sign the form. I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

Date:

| | |
|---|--|
| Proxy: <i>picking up for someone else</i> | |
| Client Signature: | |
| Agency Signature: | |

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TEFAP Client Eligibility & Distribution Form, 1 October 2021 – 30 September 2022

| HOUSEHOLD SIZE | PER YEAR | PER MONTH | PER WEEK |
|----------------------------------|-----------|-----------|----------|
| 1 | \$25,776 | \$2,148 | \$496 |
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| 4 | \$53,016 | \$4,418 | \$1,020 |
| 5 | \$61,088 | \$5,174 | \$1,194 |
| 6 | \$71,160 | \$5,930 | \$1,368 |
| 7 | \$80,256 | \$6,688 | \$1,543 |
| 8 | \$89,328 | \$7,444 | \$1,718 |
| Each additional household member | + \$9,096 | + \$758 | + \$175 |

The above table shows a yearly gross income for each household size. If your household income is **at or below** the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. **OR, if you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps) you are automatically eligible to receive TEFAP and do not need to look at the income scale.**

Discrimination Complaints should be sent to: MANNA FoodBank, 627 Swannanoa River Road, Asheville, NC 28803 ATTN: Jacob McIntosh; jmcintosh@mannafoodbank.org; or 828.299.3663.

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TEFAP Client Eligibility & Distribution Form, 1 October 2021 – 30 September 2022

| HOUSEHOLD SIZE | PER YEAR | PER MONTH | PER WEEK |
|----------------------------------|-----------|-----------|----------|
| 1 | \$25,776 | \$2,148 | \$496 |
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| 4 | \$53,016 | \$4,418 | \$1,020 |
| 5 | \$61,088 | \$5,174 | \$1,194 |
| 6 | \$71,160 | \$5,930 | \$1,368 |
| 7 | \$80,256 | \$6,688 | \$1,543 |
| 8 | \$89,328 | \$7,444 | \$1,718 |
| Each additional household member | + \$9,096 | + \$758 | + \$175 |

The above table shows a yearly gross income for each family size. If your household income is **at or below** the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. **OR, if you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps) you are automatically eligible to receive TEFAP and do not need to look at the income scale.**

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