



Blue Ridge Area
FOOD BANK
Everyone should have enough to eat.

A member of
FEEDING AMERICA

TEFAP Self-Declaration of Income

Revised Income Level Effective Dates: **July 1, 2019– June 30, 2020**

State of Virginia – USDA The Emergency Food Assistance Program (TEFAP)

Applicant's Name: _____ Phone #: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Number in Household by age: 0-18 yrs.: _____ 19-59 yrs.: _____ 60 yrs. and over: _____ TOTAL: _____

If "Yes" to any of the three questions below, Applicant is automatically qualified for TEFAP:

1. Is the Applicant a *one-person household* receiving Medicaid? () Y () N
2. Is the Applicant a *one-person household* receiving Supplemental Security Income? () Y () N
3. Does *each member* of Applicant's household receive either SNAP (Food Stamps) or TANF (Temporary Assistance for Needy Families)? () Y () N Received: () SNAP () TANF

If "No" to all three of the questions above, provide Total Household Monthly Income: \$ _____

ALTERNATE

An alternate or proxy can be named to pick up food for the applicant. The applicant must come in a minimum of once in a twelve-month period to fill out a self-declaration form. The alternate must be able to verify the correct information in order to pick up food. An alternate may not pick up food for the applicant if there are any changes to the household size or the total income.

Alternate's Name: _____

I certify that I am the only person in this household who has applied for this assistance. I certify that the income of all persons in my household is not more than the amount listed on this form. I understand that I can only receive USDA food once a month. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

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, audiotape, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

L2F Client Intake with USDA - June 2019.doc

July 23, 2019



Blue Ridge Area

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Link2Feed General Intake Form

General Information

Date of First Food Bank Visit, if known: _____

* Last name: _____ * First name: _____

* Date of Birth: ____/____/____ Estimated? Y N

*** Gender:**

Female Male Transgendered Undisclosed Other

*** Marital status:**

Single Married Common-Law Divorced Separated Widowed Undisclosed

*** Address:**

Street: _____ Street (Line 2): _____

* City: _____ * State: _____ * Zip code: _____

* County: _____

No fixed address _____

*** Housing Type:**

Hotel/Motel Private Rental Unhoused
 Emergency Shelter/
Mission/Transitional Public/Subsidized (Social) Housing Other
 Evacuee With Family/Friends
 Own Home Youth Home/Shelter Undisclosed

Email Address(es): _____

Phone Number(s): _____

Is English your primary language? Y N If no, primary language: _____

*** Referred By:**

Ad School Word of Mouth
 Church or nonprofit organization Social Services
 None (for existing clients) Undisclosed
 Online Unknown

*** Ethnicity:**

White / Anglo Asian N/A
 Black / African American Alaska Native /Aleut / Eskimo Other
 Hispanic / Latino Middle-Eastern / North African Undisclosed
 American Indian / Native American Pacific Islander

*** Self-Identifies As:**

Disability Veteran None Undisclosed

Profile Information

*** Education:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Grades 0-8 | <input type="checkbox"/> Post-Secondary (Some) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Trade School / Professional Accreditation | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 2 Year Degree | <input type="checkbox"/> Undisclosed |
| <input type="checkbox"/> GED | <input type="checkbox"/> 4 Year Degree | |

*** Current Employment Type:**

- | | | | |
|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Day Laborer | <input type="checkbox"/> Seasonal Worker | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Military | <input type="checkbox"/> Unemployed - seeking work | <input type="checkbox"/> None | |
| <input type="checkbox"/> Multiple Jobs | <input type="checkbox"/> Post-Secondary Student | <input type="checkbox"/> Undisclosed | |

Link2Feed General Intake Form (continued)

Monthly Income and Benefits for Individual on First Page – NOT ENTIRE HOUSEHOLD

*** Income Sources (Check all that apply and provide amount for Head of Household):**

- | | | | |
|---|--------------------------------------|--|--------------------|
| <input type="checkbox"/> No Income | <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Retirement | \$ _____ per month |
| <input type="checkbox"/> Child Support | \$ _____ per month | <input type="checkbox"/> Social Security | \$ _____ per month |
| <input type="checkbox"/> Full-Time Employment | \$ _____ per month | <input type="checkbox"/> SSI/SSDI | \$ _____ per month |
| <input type="checkbox"/> Disability | \$ _____ per month | <input type="checkbox"/> Retirement | \$ _____ per month |
| <input type="checkbox"/> Other Income | \$ _____ per month | | |
| <input type="checkbox"/> Part-Time Employment | \$ _____ per month | | |

TOTAL MONTHLY INCOME \$ _____

***Other benefits received by Head of Household:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Headstart | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Section 8 Rental Assistance Program | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Service Connected Disability | |

Does anyone in household have these dietary considerations (heath issues/food allergies)?

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Kosher | <input type="checkbox"/> Pork | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low-Sodium | <input type="checkbox"/> Seafood | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Milk | <input type="checkbox"/> Sesame | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> MSG | <input type="checkbox"/> Soy | |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Other | <input type="checkbox"/> Sulphite | |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Peanut | <input type="checkbox"/> Tree Nuts | |

Link2Feed General Intake Form (Supplemental Sheet for Household Member Information)

Name of Person on First Page of Application: _____

Fill out one section of this form for each Additional Member of the Household

*Last name: _____ * First name: _____

*Date of Birth: ____/____/____ Estimated? Y N

* Gender: Female Male Transgendered Undisclosed Other

*Relationship Spouse Child Parent Sibling Grandchild Grandparent Other Relative Boyfriend/Girlfriend
 Common-Law Partner Friend Roommate Undisclosed Ward Other

* Ethnicity: White / Anglo American Indian / Native American Middle-Eastern / North African
 Black /African American Asian Other
 Hispanic / Latino Alaska Native / Aleut / Eskimo Undisclosed

* Self-Identifies As: Disability Veteran None

* Income Sources for member of household (Check all that apply and provide amount): No Income Undisclosed

<input type="checkbox"/> Child Support	\$ _____ per month	<input type="checkbox"/> Retirement	\$ _____ per month
--	--------------------	-------------------------------------	--------------------

Full-Time Employment \$ _____ per month Social Security \$ _____ per month
 Disability \$ _____ per month SSI/SSDI \$ _____ per month
 Other Income \$ _____ per month Retirement \$ _____ per month
 Part-Time Employment \$ _____ per month
 TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$ _____

***Other benefits received by member of household:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| | <input type="checkbox"/> Section 8 Rental Assistance Program | |
| | <input type="checkbox"/> Service Connected Disability | |

*Last name: _____ * First name: _____

*Date of Birth: ____/____/____ Estimated? Y N

* Gender: Female Male Transgendered Undisclosed Other

*Relationship Spouse Child Parent Sibling Grandchild Grandparent Other Relative Boyfriend/Girlfriend
 Common-Law Partner Friend Roommate Undisclosed Ward Other

* Ethnicity White / Anglo American Indian / Native American Middle-Eastern / North African
 Black /African American Asian Other
 Hispanic / Latino Alaska Native / Aleut / Eskimo Undisclosed

* Self-Identifies As: Disability _____ Veteran None

* Income Sources for member of household (Check all that apply and provide amount): No Income Undisclosed

Child Support \$ _____ per month Retirement \$ _____ per month
 Full-Time Employment \$ _____ per month Social Security \$ _____ per month
 Disability \$ _____ per month SSI/SSDI \$ _____ per month
 Other Income \$ _____ per month Retirement \$ _____ per month
 Part-Time Employment \$ _____ per month
 TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$ _____

***Other benefits received by member of household:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| | <input type="checkbox"/> Section 8 Rental Assistance Program | |
| | <input type="checkbox"/> Service Connected Disability | |

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Name of Person on First Page of Application: _____

Fill out one section of this form for each Additional Member of the Household

*Last name: _____ * First name: _____

*Date of Birth: ____/____/____ Estimated? Y N

* Gender: Female Male Transgendered Undisclosed Other

*Relationship Spouse Child Parent Sibling Grandchild Grandparent Other Relative Boyfriend/Girlfriend
 Common-Law Partner Friend Roommate Undisclosed Ward Other

* Ethnicity: White / Anglo American Indian / Native American Middle-Eastern / North African
 Black /African American Asian Other
 Hispanic / Latino Alaska Native / Aleut / Eskimo Undisclosed

* Self-Identifies As: Disability Veteran None

* Income Sources for member of household (Check all that apply and provide amount): No Income Undisclosed

Child Support \$_____per month Retirement \$_____per month

Full-Time Employment \$_____per month Social Security \$_____per month

Disability \$_____per month SSI/SSDI \$_____per month

Other Income \$_____per month Retirement \$_____per month

Part-Time Employment \$_____per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$_____

*Other benefits received by member of household:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Children’s Health Insurance Program (CHIP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Section 8 Rental Assistance Program | |
| | <input type="checkbox"/> Service Connected Disability | |

*Last name: _____ * First name: _____

*Date of Birth: ____/____/____ Estimated? Y N

* Gender: Female Male Transgendered Undisclosed Other

*Relationship Spouse Child Parent Sibling Grandchild Grandparent Other Relative Boyfriend/Girlfriend
 Common-Law Partner Friend Roommate Undisclosed Ward Other

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* Self-Identifies As: Disability Veteran None

* Income Sources for member of household (Check all that apply and provide amount): No Income Undisclosed

Child Support \$_____per month Retirement \$_____per month

Full-Time Employment \$_____per month Social Security \$_____per month

Disability \$_____per month SSI/SSDI \$_____per month

Other Income \$_____per month Retirement \$_____per month

Part-Time Employment \$_____per month

TOTAL MONTHLY INCOME FOR HOUSEHOLD MEMBER \$_____

*Other benefits received by member of household:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) – “Food Stamps” |
| <input type="checkbox"/> Aid to the Blind or Disabled | <input type="checkbox"/> Headstart | <input type="checkbox"/> Supplemental Security Income (SSI) |
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| | <input type="checkbox"/> Section 8 Rental Assistance Program | |
| | <input type="checkbox"/> Service Connected Disability | |

Children (WIC)