Galveston County Food Bank
Agency Pantry Family Intake Form B

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity other than the Galveston County Food Bank for reporting purposes.

CLIENT DOCUMENTATION (client may fill this out) Date of Intake: ______________

Are you homeless? ☐ **Yes** ☐ **No** If no, please complete address portion of form.

Household Information:

YOUR NAME	
ADDRESS	
CITY / STATE/ ZIP/ COUNTY	
PHONE	

How many people live in your house: ☐ **Are you head of the household?**

Yes		No	

Are you?

African American		Asian		Caucasian		Hispanic		Native American		Other	

How many people live in your house in the following age: (please write the number in the box?)

Infant-17		18-59 years		60 and over	

Does your family receive any type of assistance? ***Check all that apply***

Temporary Assistance To Needy Families (TANF / AFDC)		**SNAP (Food Stamps)**	
SSI		**Medicaid**	
CHIP		**WIC**	

The Total Gross Income (the amount before deductions) of all household members is:

GROSS INCOME	$		Per Year		Per Month		Per Week	

Was there an emergency situation that caused you to need food?

Yes		No	

If yes, please state situation	

X____ ______________

Client Signature (**client must be present for initial interview and food assistance**) **Date**

I certify that I am a member of the household listed above and that on behalf of this household I have applied for USDA Products. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client until re-certification is necessary…

Name of Authorized Representative:(not name of family member only person to act on their behalf)	**Authorized Representatives Address:**

This information will not inhibit you from receiving USDA product

Family Name: ____ Date: ______________

AGENCY DOCUMENTATION

☐ **Household is INELIGIBLE**: (clients denied USDA products should be referred to the HFB for review)

- ☐ Income level over 185% listed on Annual Income Guidelines
- ☐ Is not an emergency situation and does not meet any other criteria
- ☐ Other: ____

☐ **Household is ELIGIBLE based on**:

- ☐ **Low Income** (Enter certification period below; sign and date the form at the bottom)
- ☐ **Emergency Food Need** (Describe emergency need in "Comments" section; enter "Certification Period;" sign and date the form, clients in this category may be served no more than 6 months unless another emergency can be documented.)
- ☐ **Receipt of TANF/AFDC** (Enter the "Certification Period;" sign and date the form.)
- ☐ **Receipt of Food Stamps** (Enter "Certification Period;" sign and date the form.)
- ☐ **Receipt of SSI** (Enter the "Certification Period;" sign and dater the form.)
- ☐ **Receipt of Medicaid** (Enter the "Certification Period;" sign and date the form."

Certification Period: Start Date: __________ End Date: ___________

Comments:

Agency Staff Initials: ________ Revisit this form on: _________

Family Members in the household

Birthdate	Names

***Nondiscrimination Statement:**
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, (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
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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