

FILLABLE INTAKE FORM

Please answer all questions so that we may serve you better. Your personally identifying information will not be shared with any other outside agency or entity other than the Good Shepherd Food Bank and its partner agencies. This information will not prevent you from receiving service.

I understand Signature: _____ Date: _____

ABOUT YOU

* Last Name: _____ * First Name: _____

* Date of Birth: ____/____/____ (mm/dd/yyyy) Estimated Birthdate? YES

*** Gender:**

Male Female Transgender Non-Binary/Third Gender Rather Not Say

* Address: _____ Address (Line 2): _____

* City: _____ * County: _____ * State: _____ * Zip Code: _____

No Fixed Address

*** Housing Type:**

- | | |
|-----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Emergency Shelter/Mission/Transitional | <input type="checkbox"/> With Family/Friends |
| <input type="checkbox"/> Youth Home Shelter | <input type="checkbox"/> Own Home |
| <input type="checkbox"/> Private Rental | <input type="checkbox"/> Unhoused |
| <input type="checkbox"/> Evacuee | <input type="checkbox"/> Section 8 (Voucher) Housing |
| <input type="checkbox"/> Public (Social) Housing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Senior Subsidized Housing | <input type="checkbox"/> Rather Not Say |

Email Address(es): _____

Phone Number(s): _____

Language(s) Spoken:

- | | | | |
|----------------------------------|----------------------------------|-------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Somali | <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | _____ |

ABOUT YOU - Continued

*** Did Any of the Following Refer You:**

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Benefits/Social Service Assistance
<input type="checkbox"/> Child Care Support
<input type="checkbox"/> Client/Friend/Family
<input type="checkbox"/> Community Support Organization
<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Employment Support/Education
<input type="checkbox"/> Faith – Based Organization
<input type="checkbox"/> Financial Support/Education
<input type="checkbox"/> Health Care Organization
<input type="checkbox"/> Housing Support | <input type="checkbox"/> Immigration Services
<input type="checkbox"/> Legal Support
<input type="checkbox"/> Media/News/Outreach
<input type="checkbox"/> Mental health Support/Education
<input type="checkbox"/> Nutrition Education
<input type="checkbox"/> Other Food Bank/Pantry
<input type="checkbox"/> School Program
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Utilities Support
<input type="checkbox"/> None
<input type="checkbox"/> Other: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*** Ethnicity:**

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> White/Anglo
<input type="checkbox"/> Asian
<input type="checkbox"/> Middle Eastern/North African
<input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino(a)
<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Other
<input type="checkbox"/> None |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*** Do You Self – Identify As:**

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Postpartum
<input type="checkbox"/> Veteran
<input type="checkbox"/> Disability
<input type="checkbox"/> Evacuee | <input type="checkbox"/> Pregnant
<input type="checkbox"/> Refugee
<input type="checkbox"/> History of Homelessness
<input type="checkbox"/> Other
<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> None |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*** Highest Level of Education Completed:**

- Grades 0-8
 Grades 9-11
 High School Diploma
 GED
 Some College
 2-Year Degree
 Trade School/Professional
 4-Year Degree
 Master’s Degree
 PhD
 Rather Not Say

*** Employment Type:**

- Full-Time
 Part-Time
 Not Currently Employed, but Seeking
 Not Currently Employed
 Post-Secondary Student
 Retired
 Rather Not Say
 Other
 None

If you have additional members in your household, please include their information on Page 3. If you do not have additional members in your household, please proceed to Page 4.

****YOUR HOUSEHOLD MEMBERS****

(Do not include yourself)

If you have more than TWO (2) additional members in your household, please let a staff member know.

* **Last Name:** _____ * **First Name:** _____

* **Date of Birth:** ___ / ___ / ____ (mm/dd/yyyy) Estimated Birthdate? YES

* **Gender:**

Male Female Transgendered Non Binary/Third Gender Rather Not Say

* **Relationship to Me:**

Spouse Sibling Child Parent Grandchild Grandparent Roommate
 Boyfriend/Girlfriend Friend Partner Ward Prefer Not to Say Other

* **Ethnicity:**

White/Anglo Asian Middle Eastern/North African American Indian/Native American
 Black/African American Hispanic/Latino(a) Prefer Not to Say Other None

* **Do Any of the Following Apply to This Person:**

Breastfeeding Postpartum Veteran Disability History of Homelessness
 Evacuee Pregnant Refugee Prefer Not to Say Other None

* **Last Name:** _____ * **First Name:** _____

* **Date of Birth:** ___ / ___ / ____ (mm/dd/yyyy) Estimated Birthdate? YES

* **Gender:**

Male Female Transgendered Non Binary/Third Gender Rather Not Say

* **Relationship to Me:**

Spouse Sibling Child Parent Grandchild Grandparent Roommate
 Boyfriend/Girlfriend Friend Partner Ward Prefer Not to Say Other

* **Ethnicity:**

White/Anglo Asian Middle Eastern/North African American Indian/Native American
 Black/African American Hispanic/Latino(a) Prefer Not to Say Other None

* **Do Any of the Following Apply to This Person:**

Breastfeeding Postpartum Veteran Disability History of Homelessness
 Evacuee Pregnant Refugee Prefer Not to Say Other None

YOUR MONTHLY INCOME

*** Your Monthly Income Sources and Amounts:**

*Include as many income amounts as needed.
Please **select one(1)** as your **primary** income source.*

- ↓
- \$ _____ Full – Time Employment
 - \$ _____ Part – Time Employment
 - \$ _____ Temporary/Seasonal Employment
 - \$ _____ Pension
 - \$ _____ Disability
 - \$ _____ Pension
 - \$ _____ Supplemental Security Income (SSI)
 - \$ _____ Social Security Disability Income(SSDI)
 - \$ _____ Social Security Benefits
 - \$ _____ Volunteer
 - \$ _____ Other: _____
 - No Income Prefer not to Say

Your Social Services Received:

- Elderly Low Cost Drug Program
- Elderly Tax and Rent Refund
- General Assistance
- LIHEAP
- Medicaid/Mainecare
- Medicare
- School Meals
- SNAP - formerly food stamps
- SSDI
- SSI
- TANF
- Supplemental Assistance for Women, Infants and Children (WIC)
- Vets Aid
- Other
- None

HOUSEHOLD MEMBER INCOME

If you have more than ONE (1) additional household member, please let a staff member know.

Household Member Name: _____

Monthly Income Sources and Amounts:

*Enter as many income amounts as needed.
Please **select one(1)** as their **primary** income source.*

- ↓
- \$ _____ Full – Time Employment
 - \$ _____ Part – Time Employment
 - \$ _____ Temporary/Seasonal Employment
 - \$ _____ Pension
 - \$ _____ Disability
 - \$ _____ Pension
 - \$ _____ Supplemental Security Income (SSI)
 - \$ _____ Social Security Disability Income(SSDI)
 - \$ _____ Social Security Benefits
 - \$ _____ Volunteer
 - \$ _____ Other: _____
 - No Income Prefer not to Say

Social Services Received:

- Elderly Low Cost Drug Program
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- Vets Aid
- Other
- None

TEFAP CERTIFICATION

Disclaimer

This 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.

State of Maine TEFAP Income Guidelines

July 1, 2020 to June 30, 2021

185% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$23,606	\$1,967	\$454
2	\$31,894	\$2,658	\$613
3	\$40,182	\$3,348	\$773
4	\$48,470	\$4,039	\$932
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,424	\$1,251
7	\$73,334	\$6,111	\$1,410
8	\$81,622	\$6,802	\$1,570
For Each Additional Add	+\$8,288	+\$691	+\$159

You also may be eligible to receive food from TEFAP if your income is greater than that shown in the above table providing you are unable to meet the nutritional needs of your household due to an emergency situation.

Please read the following statement carefully and then sign the form with today's date.

I certify that my annual household gross income is at or below the income listed on this form for households with the same number of people as my household or that the household's nutritional needs are not being met due to an emergency situation or that I have established eligibility in one of the following: a) LIHEAP; b) TANF; c) SSI; d) Medicaid; e) Elderly Low Cost Drug Program; f) Elderly Tax and Rent Refund; or g) SNAP (formerly food stamps). This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

(Signature)

(Date)

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

DIETARY CONSIDERATIONS

Should We Be Aware of Any of the Following:

- Diabetic
- Egg
- Fruit
- Gluten
- Milk
- Sesame
- Soy
- MSG
- Peanut
- Pork
- Seafood
- Sulphite
- Tree Nuts
- Vegan
- Vegetarian
- Wheat
- Other (Specify): _____

NOTES

(Include any information you would like us to know. Example: "We are looking for diapers.")

Thank you!

Please return your completed intake form to a staff member.