**PAPER INTAKE FORM – PLEASE PRINT CLEARLY**

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:**   * Emergency Shelter/Mission/Transitional * Youth Home Shelter * Private Rental * Evacuee * Public (Social) Housing * Senior Subsidized Housing | * With Family/Friends * Own Home * Unhoused * Section 8 (Voucher) Housing * Other * Rather Not Say |
| Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| |  |  |  |  | | --- | --- | --- | --- | | **Language(s) Spoken:**   * English * Somali | * Spanish * French | * Arabic * Portuguese | * Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| --- | --- | --- |
| ABOUT YOU - Continued | | |
| \* **Did Any of the Following Refer You:**   * Benefits/Social Service Assistance * Child Care Support * Client/Friend/Family * Community Support Organization * Emergency Shelter * Employment Support/Education * Faith – Based Organization * Financial Support/Education * Health Care Organization * Housing Support | * Immigration Services * Legal Support * Media/News/Outreach * Mental health Support/Education * Nutrition Education * Other Food Bank/Pantry * School Program * Social Worker * Utilities Support * None * 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 You Self – Identify As:**   * Breastfeeding * Postpartum * Veteran * Disability * Evacuee | * Pregnant * Refugee * History of Homelessness * Other * Prefer Not to Say * 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 * 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 |
| 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 | **$48470** | **$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. | |