

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) Is this an estimated birthdate? YES

*** Gender:**

Male Female Transgender Non-Binary/Third Gender/Other Prefer Not to 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"/> Prefer Not to Say |
| <input type="checkbox"/> Evacuee | <input type="checkbox"/> Unhoused |
| <input type="checkbox"/> Other | <input type="checkbox"/> With Family/Friends |
| <input type="checkbox"/> Own Home | <input type="checkbox"/> Youth Home/Shelter |
| <input type="checkbox"/> Private Rental | <input type="checkbox"/> Section 8 (Voucher) Housing |
| <input type="checkbox"/> Public (Social) Housing | <input type="checkbox"/> Senior Subsidized Housing |

Email Address(es): Personal Work Other

Phone Number(s): Please select one (1) as your primary phone number

Home: _____ Cell: _____ Work: _____

Language(s) Spoken:

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

ABOUT YOU - Continued

*** How did you learn about us:**

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

*** Do You Self – Identify As:**

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

*** Highest Level of Education Completed:**

- | | | | | |
|--|--|--|------------------------------|--|
| <input type="checkbox"/> Grades 0-8 | <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED | <input type="checkbox"/> Post-Secondary (some) |
| <input type="checkbox"/> Trade-school/Professional Accreditation | <input type="checkbox"/> 2-Year Degree | <input type="checkbox"/> 4-Year Degree | | |
| <input type="checkbox"/> Master’s Degree | <input type="checkbox"/> PhD | <input type="checkbox"/> Prefer Not to Say | | |

*** Employment Type:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Not Currently Employed, but Seeking | <input type="checkbox"/> Not Currently Employed | <input type="checkbox"/> Post-Secondary Student |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> None |
| <input type="checkbox"/> Prefer Not to Say | <input type="checkbox"/> Other | <input type="checkbox"/> Retired |

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) Is this an estimated birthdate? YES

* **Gender:**

Male Female Transgendered Non Binary/Third Gender/Other Prefer Not to Say

* **Relationship to Me:**

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

* **Ethnicity:**

White/Anglo Black/African Hispanic/Latino(a) American Indian/Native American Asian
 Alaska Native/Aleut/Eskimo Middle-Eastern/North-African Pacific Islander
 Prefer Not to Say Other None

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

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

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

* **Date of Birth:** ___ / ___ / ____ (mm/dd/yyyy) Is this an estimated birthdate? YES

* **Gender:**

Male Female Transgendered Non Binary/Third Gender/Other Prefer Not to Say

* **Relationship to Me:**

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

* **Ethnicity:**

White/Anglo Black/African Hispanic/Latino(a) American Indian/Native American Asian
 Alaska Native/Aleut/Eskimo Middle-Eastern/North-African Pacific Islander
 Prefer Not to Say Other None

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

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

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
- \$ _____ 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
- \$ _____ Supplemental Security Income (SSI)
- \$ _____ Social Security Disability Income(SSDI)
- \$ _____ Social Security Benefits
- \$ _____ Volunteer
- \$ _____ Other: _____
- No Income
- Prefer not to Say

Social Services Received:

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- Vets Aid
- Other
- None

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

Please include any information you would like us to know so that we may serve you better, such as detailing dietary considerations and allergies or requesting specific products.

Example: "We are looking for diapers" or "Our child needs gluten-free snacks for school."

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, 2021 to June 30, 2022

185% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	\$23,828	\$1,986	\$458
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$781
4	\$49,025	\$4,085	\$943
5	\$57,424	\$4,785	\$1,104
6	\$65,823	\$5,485	\$1,266
7	\$74,222	\$6,185	\$1,427
8	\$82,621	\$6,885	\$1,586
For Each Additional Add	+\$8,399	+\$700	+\$162

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 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:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

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