

# ENGLISH



Service Insights on MealConnect Intake Form\_v1

## SIMC Intake Form

Date

### Head of Household Information

Name

First	MI	Last
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Address

No Fixed Address

City	State <input type="text"/>	Zip Code
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Date of Birth

Email

Ok to contact

Phone

Ok to contact

What method of communication do you prefer?

Text  Call  Email

### Household Members

Name

Date of Birth

First	Last
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Name

Date of Birth

First	Last
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**Name** **Date of Birth**

First	Last	📅
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**Name** **Date of Birth**

First	Last	📅
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**Name** **Date of Birth**

First	Last	📅
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**Proxy**

**Name** **Phone**

First	Last	
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**TEFAP Eligibility**

**Is anyone in your household currently receiving SNAP or food stamps?**

- Yes  No  Don't Know / Prefer not to answer

**Does anyone in your household currently receive benefits through the following government programs? Select all that apply.**

- Free/reduced price school lunch  TANF or cash assistance  Medicaid  Unemployment  
 Supplemental Security Income (SSI)  Women, Infants, and Children (WIC)  None  
 Don't know / Prefer not to answer

**Income**

**Weekly \$ Amount**    or    **Monthly \$ Amount**    or    **Yearly \$ Amount**

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**Crisis Eligibility**

**Please explain the household crisis you are experiencing.**

- Is this household in crisis?

**I certify that:**

**1)** I am a member or a proxy of the household living at the address provided and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; **2)** all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application.

**STAFF USE ONLY:** Based on the information given above and the requirements for TEFAP, the neighbor appears to be:

- Eligible : 6 months    Eligible : 1 year    Not eligible

**Signature of CE or Site Staff**

**Date**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## Demographics

**Gender Identity: What gender do you identify as?**

- Male    Female    Transgender    Trans Female/Trans Woman    Trans Male/Trans Man  
 Gender non-conforming    None of these    Don't Know / Prefer not to answer

**Race & Ethnicity: What race and/or ethnicity do you identify as? Select all that apply.**

- White    Hispanic, Latino, or Spanish    Black or African American    Middle Eastern or North African  
 Asian    American Indian or Alaska Native    Native Hawaiian or Other Pacific Islander  
 Some other race or ethnicity    Don't Know / Prefer not to answer

**Employment Status: In the last month, did you or anyone in your household work for pay full-time (for 30 hours per week or more)?**

- Yes    No    Don't Know / Prefer not to answer

**Disability Status: Does anyone in your household, including yourself, have a disability that prevents them from accepting any kind of work during the next six months?**

- Yes    No    Don't Know / Prefer not to answer

**Military Status: Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.**

- Yes, on active duty in the past, but not now     Yes, now on active duty
- No, never on active duty except for initial/basic training     No, never served in the U.S. Armed Forces
- Don't know / Prefer not to answer

### **Food Insecurity**

*Can you please tell me whether the following are often true, sometimes true, or never true for (you or your household):*

**"Within the past 30 days we worried whether our food would run out before we got money to buy more."**

- Often true     Sometimes true     Never true

**"Within the past 30 days the food we bought just didn't last and we didn't have money to get more."**

- Often true     Sometimes true     Never true

### **Additional Household Members**

Name		Date of Birth
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value=""/>

Name		Date of Birth
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value=""/>

Name		Date of Birth
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value=""/>

Name		Date of Birth
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value=""/>

### **Additional Proxy**

Name		Phone
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value=""/>