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

**San Antonio Food Bank– R**

**Project HOPE Participant Application Screening Form**

**Project HOPE Site Location:** \_WEST AVENUE COMPASSION\_\_\_\_\_\_\_\_ **Date of Intake:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proxy (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Proxy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This person is designated to pick up food on behalf of the eligible individual.*

**The following information is required specifically for San Antonio Food Bank use and reporting:**

Are you the head of the household? \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Veterans in the house: \_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0-5 Years |  | 6-18 Years |  | 19-40 Years |  | 41-59 Years |  | 60 and Over |  |

Race/Ethnicity:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White |  | Black/African American |  | Native Hawaiian or Pacific Islander |  | American Indian or Alaskan Native |  | Other |  |

Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_\_ No County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  GROSS INCOME | $ | Per Year |  | Per Month |  | Per Week |  |

**The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines** *July 1, 2022 – June 30, 2023*

|  |  |  |
| --- | --- | --- |
|  | **Based on 185% of Federal Poverty Guidelines** |  |
| **Household Size** | **Annual Income** | **Monthly Income** | **Twice-Monthly Income** | **Bi-Weekly Income** | **Weekly Income** |
| **1** | **$25,142** | **$2,096** | **$1,048** | **$967** | **$484** |
| **2** | **$33,874** | **$2,823** | **$1,412** | **$1,303** | **$652** |
| **3** | **$42,606** | **$3,551** | **$1,776** | **$1,639** | **$820** |
| **4** | **$51,338** | **$4,279** | **$2,140** | **$1,975** | **$988** |
| **For each additional household member, add:** | **+$8,732** | **+$728** | **+$364** | **+$336** | **+$168** |

|  |  |  |  |
| --- | --- | --- | --- |
| Supplemental Nutrition Assistance Program (SNAP) |  | Supplemental Security Income (SSI) |  |
| Temporary Assistance for Needy Families (TANF) |  | Medicaid |  |
| National School Lunch Program (NSLP) (free or reduced-price meals) |  | None |  |

**Do you and your family receive any type of assistance? (*Check all that apply)***

****By signing below, I certify that:

**San Antonio Food Bank– R**

**Project HOPE Participant Application Screening Form**

(1) I am a member of the household living at the address provided in Section II and that, on behalf of the household, I apply for USDA Foods that are distributed through the Project HOPE 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; and (3) if applicable, the information provided by the household’s proxy is, to the best of my knowledge and belief, true and correct.

Signature of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **INTAKE STAFF OR VOLUNTEER ONLY:****Proof of Eligibility: Client Status:**  Age Verification New Address Relocating If yes, from where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income **Approved By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Office of the Assistant Secretary for Civil Rights

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Washington, D.C. 20250-9410

*This institution is an equal opportunity provider.*