San Antonio Food Bank
Partner Agency Pantry Family Intake Form

Form B

(client may fill this out) **Date of Intake: _____**

Are you homeless? ☐ **Yes** ☐**No** If no, please complete address portion of form.

Household Information

YOUR NAME	
ADDRESS (if available)	
CITY / STATE/ ZIP/ COUNTY	
PHONE	
Number in Household	

GROSS INCOME Amount before deductions	**$**		**Per Year**		**Per Month**		**Per Week**	

Does your family receive any type of assistance? ***Check all that apply***

Temporary Assistance To Needy Families (TANF)		**SNAP (Food Stamps)**	
SSI		**Medicaid**	
NSLP		**Temporary Crisis**	

Document reason for crisis in "comments" box below.

By signing below, I certify that:
(1) I am a member of the household living at the address provided above 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; and
(3) if applicable, the information provided by the household's "Authorized Representative" (as named below) is also, to the best of my knowledge and belief, true and correct.

Client Signature (client must be present for initial interview and food assistance) **Date**

Name of Authorized Representative:(name of person to act on their behalf)	**Authorized Representatives Address or Phone:**

☐**Household is INELIGIBLE**: (Explain the reason for ineligibility in the "comments" box below.)

Comments:

☐**Household is ELIGIBLE based on**:

Low Income		**SNAP**	
SSI		**Medicaid**	
NSLP		**Temporary Crisis**	

Certification period is up to twelve months. For crisis food need certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months. Give length of certification period if household is eligible.

Beginning (month/year): _____/_____ **Ending (month/year): _____/_____**

Agency Staff Signature: _____ **Revisit this form on: _____**

Only the information above is required to obtain USDA Foods

DEMOGRAPHIC INFORMATION (PLEASE REPORT TO SAFB ON MONTHLY REPORTS)

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

0-5 yrs		**6-18 yrs**		**19-40 yrs**		**41-59 yrs**		**60 and over**	
# Males in house				# Females in house					

Military Status:

Active Military		**Retired Military**		**Reserve Military**		**Veteran**	

Please select your race:

American Indian or Alaska Native		**Asian**		**Black or African American**		**Native Hawaiian or Other Pacific Islander**		**White**	

Please select your ethnicity:

Cuban		**Mexican**		**Puerto Rican**		**South or Central American**		**Other Spanish culture or origin**	

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

Homeless		**Physically Disabled**		**Abuse Victims**		**Mentally Disabled**		**People with Chronic Illness**	

Household Composition:

Two Parent Home		**Senior(s) Raising Grandchildren**		**Single Parent**		**Single Adult**		**Senior Living Alone**	

Please have client sign every time they come receive assistance (if you have another form for this that is fine, but you must keep all documentation accessible and together).

Date	**Signature of Client (by client)**