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. This information will not prevent you from receiving service.

☐ I understand Signature: _____ Today's Date: _____

ABOUT YOU

* Last Name: _____ * First Name: _____

* Date of Birth: ___/___/_____ (mm/dd/yyyy) Estimated Birthdate? ☐ YES ☐ NO

* Address: _____ Address (Line 2): _____

* City: _____ * County: _____ * State: _____ * Zip Code:

☐ No Fixed Address

* **Gender:**

☐ Male ☐ Female ☐ Transgendered ☐ Rather Not Say

* **Housing Type:**

☐ Emergency Shelter / Mission / Transitional ☐ Youth Home Shelter ☐ Private Rental

☐ Evacuee ☐ Public (Social) Housing ☐ Other ☐ With Family/Friends

☐ Own Home ☐ Unhoused ☐ Rather Not Say

Email Address(es): _____

Phone Number(s): _____

Language(s) Spoken:

☐ English ☐ Spanish ☐ French ☐ Arabic

☐ Somali ☐ Other: _____

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 ☐ Media/News/Outreach
☐ Legal Support ☐ Social Worker ☐ Utilities Support ☐ Other Food Bank
☐ Other: _____

* **Ethnicity:**

☐ White/Anglo ☐ Asian ☐ Middle Eastern/North African
☐ Black/African American ☐ Hispanic/Latino(a) ☐ American Indian/Native American
☐ Other:_____ ☐ Prefer Not to Say

* **Self – Identifies As:**

☐ Breastfeeding ☐ Postpartum ☐ Veteran ☐ Disability
☐ Evacuee ☐ Pregnant ☐ Refugee ☐ History of Homelessness
☐ Other: _____ ☐ Prefer Not to Say

* **Highest Education – Level Completed:**

☐ Grades 0-8 ☐ Grades 9-11 ☐ High School Diploma ☐ GED
☐ Post-Secondary Education (some) ☐ Trade School/Accreditation ☐ 2 Year Degree
☐ 4 Year Degree ☐ Master's Degree ☐ PhD ☐ Prefer Not to Say

* **Employment Type:**

☐ Post-Secondary Student ☐ Full-Time ☐ Part-Time
☐ Not Currently Employed ☐ Retired ☐ Other

MONTHLY INCOME

* **Your Monthly Income Sources:**

- ☐ Full – Time Employment Amount: $ _____
- ☐ Part – Time Employment Amount: $ _____
- ☐ Social Security
- ☐ Disability
- ☐ No Income
- ☐ Other: _____

* **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: _____

DIETARY CONSIDERATIONS

Do You Need Us to Know any of the Following:

- ☐ Diabetic ☐ Egg ☐ Fruit ☐ Gluten ☐ Milk ☐ Sesame ☐ Soy
- ☐ MSG ☐ Peanut ☐ Pork ☐ Seafood ☐ Sulphite ☐ ee Nuts ☐ Vegan
- ☐ Vegetarian ☐ Wheat Sulphite Tree Nuts Vegan
- ☐ Other (Specify): _____

NOTES

(Include any information you would like us to know. Example: "We are looking for diapers.")

YOUR HOUSEHOLD MEMBERS

(Do not include yourself)

* Last Name: _____ * First Name: _____

* Date of Birth: __/__/____(mm/dd/yyyy) Estimated Birthdate? YES ☐ NO ☐

* **Gender:**

☐ Male ☐ Female ☐ Transgendered ☐ Rather Not Say

* **Ethnicity:**

☐ White/Anglo ☐ Asian ☐ Middle Eastern/North African ☐ American Indian/Native American

☐ Black/African American ☐ Hispanic/Latino(a) ☐ Prefer Not to Say ☐ Other: _____

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

☐ Breastfeeding ☐ Postpartum ☐ Veteran ☐ Disability ☐ History of Homelessness

☐ Evacuee ☐ Pregnant ☐ Refugee ☐ Prefer Not to Say ☐ Other: _____

* Relationship to Me:

☐ Spouse ☐ Sibling ☐ Child ☐ Parent ☐ Grandchild ☐ Grandparent ☐ Roommate

☐ Boyfriend/Girlfriend ☐ Friend ☐ Partner ☐ Ward ☐ Prefer Not to Say

☐ Other: _____

* Last Name: _____ * First Name: _____

* Date of Birth: __/__/____(mm/dd/yyyy) Estimated Birthdate? YES ☐ NO ☐

* **Gender:**

☐ Male ☐ Female ☐ Transgendered ☐ Rather Not Say

* **Ethnicity:**

☐ White/Anglo ☐ Asian ☐ Middle Eastern/North African ☐ American Indian/Native American

☐ Black/African American ☐ Hispanic/Latino(a) ☐ Prefer Not to Say ☐ Other: _____

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

☐ Breastfeeding ☐ Postpartum ☐ Veteran ☐ Disability ☐ History of Homelessness

☐ Evacuee ☐ Pregnant ☐ Refugee ☐ Prefer Not to Say ☐ Other: _____

* Relationship to Me:

☐ Spouse ☐ Sibling ☐ Child ☐ Parent ☐ Grandchild ☐ Grandparent ☐ Roommate

☐ Boyfriend/Girlfriend ☐ Friend ☐ Partner ☐ Ward ☐ Prefer Not to Say

☐ Other: _____

EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBILITY TO TAKE FOOD HOME

Name: _____
Address: _____
_____

Number of people in Household: _____

Telephone #_____ (Optional)

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, 2019 to June 30, 2020
185% of Maine Poverty Guidelines

Household Size	Annual	Month	Week
1	$23,107	$1926	$444
2	$31,284	$2607	$602
3	$39,461	$3288	$759
4	$47,638	$3970	$916
5	$55,815	$4651	$1073
6	$63,992	$5333	$1231
7	$72,169	$6014	$1388
8	$80,346	$6696	$1585
For Each Additional Add	+$8,177	+$681	+$157

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)