

*This form is designed to collect information about you and your household so that it can be put into our paperless client tracking system, Service Insights on MealConnect (SIMC). By providing this information on this form, you consent to it being transferred into SIMC. Your data will never be shared with any third party outside the charitable food network without your consent, and it will never be sold. If you have questions, please contact the Good Shepherd Food Bank’s Research and Evaluation team at [jwensman@gsfb.org](mailto:jwensman@gsfb.org).*

Intake Completed by: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**Basic Information (Head of Household)**

Name (First, Last)			
Check if Anonymous	<input type="checkbox"/>	Anonymous	
Are you a military veteran?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**Contact**

Street Address			
City	State	ZIP	
County			
Check if no fixed address	<input type="checkbox"/>	No fixed address	
Email Address			Ok to Contact? <input type="checkbox"/>
Phone Number			Ok to Contact? <input type="checkbox"/>
Check if no phone	<input type="checkbox"/>	No phone	
Preferred contact method	<input type="checkbox"/>	Text	<input type="checkbox"/> Call <input type="checkbox"/> Email

**Basic Information (Head of Household)**

Head of Household’s Date of Birth (MM/DD/YYYY): \_\_\_\_\_ OR Age: \_\_\_\_\_

**Gender Identity (Head of Household)**

What gender do you identify as?

- |   |  |
|---|--|
| <input type="checkbox"/> Male                     | <input type="checkbox"/> Non-binary                        |
| <input type="checkbox"/> Female                   | <input type="checkbox"/> Gender non-conforming             |
| <input type="checkbox"/> Transgender              | <input type="checkbox"/> None of these                     |
| <input type="checkbox"/> Trans Female/Trans Woman | <input type="checkbox"/> Don’t Know / Prefer not to answer |
| <input type="checkbox"/> Trans Male/Trans Man     |  |

**Race / Ethnicity (Head of Household)**

What is your race?

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Middle Eastern or North African           |
| <input type="checkbox"/> Hispanic, Latino, or Spanish     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Some other race or ethnicity              |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Don’t Know / Prefer not to answer         |
| <input type="checkbox"/> American Indian or Alaska Native |  |

**Household**

How many people in your household, **not including yourself**, will benefit from the services provided today? \_\_\_\_\_

List Status, Name (First, Last), DOB or Age of each Household Member (Use back of sheet for additional members)

**Note:** Please do not include the first names of children (0-17 years) to protect their anonymity. Write Child1, Child2, etc.

<b>Household Member 1</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

<b>Household Member 2</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

<b>Household Member 3</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

<b>Household Member 4</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

<b>Household Member 5</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

<b>Household Member 6</b>			
Name			
Date of Birth OR Age			
Gender Identity			
Race / Ethnicity			

**Proxy**

How many people outside of your household would be picking up food for you? \_\_\_\_\_

List expiration date, Name (First, Last), and address of each Proxy (Use back of sheet for additional proxies)

<b>Proxy 1</b>			
Expiration Date			
Name			
Street Address			
City	State	ZIP	

<b>Proxy 2</b>			
Expiration Date			
Name			
Street Address			
City	State	ZIP	

## SNAP Benefits

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

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

## Other Government Programs

Does anyone in your household currently receive benefits through the following government programs?

- Don't know / Prefer not to answer
- None
- Child Care Assistance
- Children's Health Insurance Program (CHIP)
- Commodity Supplemental Food Program
- Food Distribution Program on Indian Reservations
- Free/reduced price school meals
- Headstart
- Housing subsidies
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- Medicare
- Public Housing
- Social Security
- Social Security Disability Insurance (SSDI) or disability payments
- Supplemental Security Income (SSI)
- TANF of cash assistance
- Unemployment
- Veteran's Assistance
- Weatherization
- Women, Infants, and Children (WIC)
- Worker's Compensation

## Income

Is your total household income at or below the respective threshold for your household size?

- Yes
- No
- Don't Know

Table 1. Maine TEFAP Income Guidelines (2024-2025)

Household Size	Annual	Month	Week
1 (Head of Household)	\$27,861	\$2,322	\$536
2	\$37,814	\$3,151	\$727
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,639	\$1,301
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,298	\$1,684
8	\$97,532	\$8,128	\$1,876
For Each Additional Add	+\$9,953	+\$829	+\$191

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.*

Your signature \_\_\_\_\_