

Intake Instructions for the Temporary TEFAP Application Form

The application form is a temporary replacement for the “Pantry Intake Form: Household Application for USDA Foods.” Use the application form in place of your usual intake application and sign-in sheet, and continue to track your service totals to report to the CTFB.

1. Every time you start a new application form, make sure that you complete the following on the top of the page:
 - a. **Agency Name** is the name of your organization
 - b. **Date of distribution** is the date on which the households you’re recording visited
 - c. **Agency Rep. Name (print)** is the name of the intake staff or volunteer completing the application form
 - d. **Signature** is that same intake staff or volunteer’s signature
2. Ask clients the basic information following the first 6 boxes, then **determine eligibility**. If the client is not categorically eligible, use the following to determine Income Eligibility:

Categorical Eligibility: If anyone in the household receives assistance from one of the programs listed in the “Categorical Eligibility” table in the corner of the application form, check off the appropriate program, skip the “Household Income” and “Household Crisis” columns, and mark “E” for “eligible.”

Example: A household that receives Temporary Assistance for Needy Families (TANF) would look like

SN SSI T N M

OR Income Eligibility: If the household is not categorically eligible, ask the client to provide their yearly (annual), monthly, or weekly income. Write the dollar amount in the \$_____ field and check off the appropriate period of time. Check their household size and income against the current eligibility guidelines below:

The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines, July 1, 2019 – June 30, 2020

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
For each additional household member, add:	+ \$8,177	+ \$682	+ \$341	+ \$315	+ \$158

If the household’s income meets the guidelines, skip the “Household Crisis” column and mark “E” for “eligible.”

Example: A household with a monthly income of \$400 would look like

\$400 Y M W

OR Crisis Eligibility: Write a brief description of the emergency situation that has caused the client to need food assistance in the “Household Crisis” column and mark “E” for “eligible.”

Examples: “COVID-19 expenses,” “car repairs”

3. The column with “COVID-19” replaces the client or proxy signature.

Questions? Contact agencies@centraltexasfoodbank.org or (512) 684-2503