

# HOPE INTAKE FORM

## INDIVIDUAL APPLICATION FOR USDA FOODS

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

Number of People in Household: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

(\*Participant will receive USDA Foods through TEFAP even if a participant refuses to provide their date of birth or phone number)

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

Address of Proxy: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

This person is designated to pick up food on behalf of the eligible individual. The proxy must show ID every time they pick up on behalf of the eligible individual.

**If the household receives other assistance, mark the appropriate choice(s) below and skip the "Total Household Income" and crisis situation sections.**

\_\_\_ 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)

Total Household Income: \$ \_\_\_\_\_ per \_\_\_\_\_

### The Emergency Food Assistance Program (TEFAP) Income Eligibility Guidelines

July 1, 2021 – June 30, 2022

Based on 185% of Federal Poverty Guidelines					
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
For each additional household member, add:	+\$8,399	+\$700	+\$350	+\$324	+\$162

**ANSWER ONLY if your household does not receive the government assistance listed above AND your income does not fall within the USDA income guidelines above: Was there a crisis situation that caused you to need food?**

☐ Yes ☐ No If yes, please state the situation: \_\_\_\_\_

The USDA Certification period is up to twelve months. For crisis food need the certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

CONTINUED ON REVERSE →



CENTRAL TEXAS FOOD BANK

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### CONTINUED FROM REVERSE

By signing below, I certify that:

(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 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 proxy is, to the best of my knowledge and belief, true and correct.

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

#### INTAKE STAFF OR VOLUNTEER ONLY:

**USDA Certification Period:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Certifier's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Household is eligible based on the following (check appropriate option):

☐ Receives government assistance listed above      ☐ Low income      ☐ Crisis food need

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**(2)** fax: (202) 690-7442; or

**(3)** email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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