Data Element	Question	Fields	Oasis Tab	Oasis Format	Notes
Name	*Full Name:*	First, middle (optional), and last names each entered into a distinct field	Identification	Text entry	
Date of birth*	*Date of Birth:*	MM/DD/YYYY	Identification	Numerical entry	
Zip code	*Zip Code:*	5-digit ZIP	Identification	Numerical entry	
Phone number*	*Phone Number:*	XXX-XXX-XXXX	Identification	Numerical entry	
Email Address*	*Email Address*	XXX@XXXX.XXX	Identification	Text Entry	
Income	*Total Household Income:*	Manual entry of amount Drop down for interval selected: ▪Annual ▪Monthly ▪Twice per month ▪Every two weeks ▪Weekly	Eligibility & Income	Numerical entry (amount) Drop-down selection (interval)	Can only be required if a client does not qualify based on categorical eligibility (based on receipt of qualifying govt. benefits) Defaults to "Not Reported" income source as clients are not required to disclose income source.
Other Assistance Received	*Does anyone in your household currently receive benefits from any of these programs?*	▪Medicaid ▪National School Lunch Program (NSLP) (Free or Reduced-Price Meals) ▪Supplemental Nutrition Assistance Program (SNAP) ▪Supplemental Security Income (SSI) ▪Temporary Assistance for Needy Families (TANF)	Eligibility & Income	Select all (Checkboxes)	These are the fields used for categorical eligibility for TEFAP
Household Size	*How many people in your household, including yourself, will benefit from the services provided today?*	Drop down from 1 to "more than 9"	Eligibility & Income	Drop-down selection	
Government assistance*	*Does anyone in your household currently receive benefits from any of these programs?*	▪Social Security ▪Texas Women's Health Program ▪Veterans' Benefits ▪WIC ▪None ▪Medicare ▪CHIP ▪Other	Demographics	Select all (Checkboxes)	These are the non-TEFAP eligible programs
Race/ethnicity*	*What is your race or ethnicity? Select all that apply. Note, you may report more than one group.*	▪ White ▪ Hispanic, Latinx, or Spanish ▪ Black or African American ▪ Asian ▪ American Indian or Alaska Native ▪ Middle Eastern or North African ▪ Native Hawaiian or Other Pacific Islander ▪ Some other race or ethnicity ▪ Prefer not to answer	Demographics	Select all (Checkboxes)	
Gender identity*	*Gender:*	▪ Male ▪ Female ▪ Other ▪ Prefer not to answer	Demographics	Drop-down selection	
Special Populations:*	*How many people in your household, including yourself, are:*				
Children	*Younger than 18?*	Minimum of 0	Demographics	Numerical entry	
Seniors	*60 or older?*	Minimum of 0	Demographics	Numerical entry	
Veterans	*Veterans?*	Minimum of 0	Demographics	Numerical entry	
Active-Duty Military	*Active military service members?*	Minimum of 0	Demographics	Numerical entry	
College Students	*Currently a student at a two or four year college?*	Minimum of 0	Demographics	Numerical entry	
Preferred language spoken*	*What is your preferred language?*	▪English ▪Spanish ▪American Sign Language ▪Arabic ▪Bosnian ▪Burmese ▪Chinese ▪Czech ▪French ▪Haitian Creole ▪Hindi ▪Pashto ▪Swahili ▪Tigrigna ▪Vietnamese ▪Other	Demographics	Drop-down selection	

*Not required for TEFAP Intake

Client ROI	*ROI Consent*	Client Agrees To Share Their Data With Other Agencies. Client DOES NOT Agree To Share Their Data With Other Agencies.	Identification	Radio Button - Select One	Will feed into Client ROI
Proxy	*Proxy Name:* *Proxy Phone Number:* *Proxy ZIP*	First and last name entered as one field XXX-XXX-XXXX #####	Eligibility & Income	Text entry (name) Numerical entry (phone)	Will feed into TEFAP application

*Not required for TEFAP Intake