

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.

Intake Completed by: _____ Date of Service: _____

Basic Information (Head of Household)

Name (First, Last)			
Check if Anonymous	<input type="checkbox"/>	Anonymous	

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

Race / Ethnicity (Head of Household)

What gender do you identify as?

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

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. Please write Child1, Child2, etc.

Household Member 1				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
Name				
Date of Birth OR Age				
Gender Identity				
Race / Ethnicity				

Household Member 2				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
Name				
Date of Birth OR Age				
Gender Identity				
Race / Ethnicity				

Household Member 3				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
Name				
Date of Birth OR Age				
Gender Identity				
Race / Ethnicity				

Household Member 4				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
Name				
Date of Birth OR Age				
Gender Identity				
Race / Ethnicity				

Household Member 5				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
Name				
Date of Birth OR Age				
Gender Identity				
Race / Ethnicity				

Household Member 6				
Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Permanently Inactive	<input type="checkbox"/> Deceased
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 type of proxy, expiration date, Name (First, Last), and address of each Proxy (Use back of sheet for additional proxies)

Proxy 1				
Type of Proxy	<input type="checkbox"/> Proxy	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Authorized Rep	<input type="checkbox"/> Other
Expiration Date				
Name				
Street Address				
City		State		ZIP

Proxy 2				
Type of Proxy	<input type="checkbox"/> Proxy	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Authorized Rep	<input type="checkbox"/> Other
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?

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

Income

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

- Yes
- No
- Don't Know

Household Size	Annual	Month	Week
1 (Head of Household)	\$26,973	\$2,248	\$519
2	\$36,482	\$3,040	\$702
3	\$45,991	\$3,833	\$884
4	\$55,500	\$4,625	\$1,067
5	\$65,099	\$5,417	\$1,250
6	\$74,518	\$6,210	\$1,433
7	\$84,027	\$7,002	\$1,616
8	\$93,536	\$7,795	\$1,799
For Each Additional Add	+\$9,509	+\$792	+\$183

Table 1. Maine TEFAP Income Guidelines (2023-24)

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.

Program Eligibility

Based on information entered above and the requirements for Maine, please confirm the Neighbor's eligibility:

- Eligible
- Not Eligible

FORM IS COMPLETE!