



Condensed Client Privacy Agreement

The Montgomery County Food Bank respects your information and wants to ensure it remains private. We take steps to protect the privacy of your information, including limiting access to certain staff and volunteers who have been trained on data privacy and sign an agreement to protect the privacy of the data.

We may use your personal information for a variety of reasons, as described in more detail in our privacy policy, which include:

- **To Improve Our Programs:** We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.
- **To Do Research:** We may use your information for research and analysis. Any reports produced with the data will not identify your individual information. Our staff and volunteers will only share your information with qualified persons *outside* of our agency.
- **To Connect You with Other Programs:** At your request, we may share your personal information to see if you are eligible for other benefits or programs such as Social Security benefits or SNAP.
- **To Report Abuse, Harm or Neglect:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

Client Signature: _____

Date: _____

Print Client Name: _____

Application must be kept in a secure location for 3 years, 90 days from date of signature.



The Emergency Food Assistance Program (TEFAP)
Participant Rights and Responsibilities

- 1. I will not be denied USDA Foods if I am determined eligible.
2. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
3. I agree to report changes in household circumstances, including, but not limited to, income and household size.
4. I understand that if I choose a proxy to pick up my food, that person must be listed as a proxy either 1) on my Household Application for USDA Foods or 2) on a note with my signature.
5. I understand that the food provided by this program is intended for the members of the eligible household.
6. I understand that I must not sell or exchange the USDA Foods that my household receives.
7. I consent to the release of information to TEFAP staff, which includes officials of the United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
8. Program staff have advised me of my rights and responsibilities under this program.
9. I understand that I may request a written copy of the TEFAP Written Notice of Beneficiary Rights.
10. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex, or disability.
11. I have read this form, or the form has been read to me.
12. The site maintains the right to ensure orderly distribution.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
(2) fax: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Client Signature: _____

Date: _____



TEFAP Screening

Last Name:	First Name:
Address Line 1:	County:
Address Line 2:	City:
State:	Zip Code:

No Fixed Address / Undisclosed

Household Size: _____

Household Monthly Income: _____

# of Household Members	Total Income				
	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional member add	+\$9,509	+\$793	+\$397	+\$366	+\$183

Categorical Eligibility

<input type="checkbox"/> Medicaid	<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	



2023-2024 Link2Feed Intake Form

Date: _____

General	
* Last name: _____	* First name: _____
* Date of Birth: ____/____/____ (mm/dd/yyyy)	Birthdays Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N
* Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> None of These <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Didn't Ask	
* Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer Not to Answer	
* Address: _____ Apt. # _____ Address (Line 2): _____ County: _____	
* City: _____ *State: _____ * Zip code: _____ <input type="checkbox"/> No fixed address <input type="checkbox"/> Prefer Not to Answer	
* Housing Type: <input type="checkbox"/> Vehicle <input type="checkbox"/> Own Home <input type="checkbox"/> Hotel <input type="checkbox"/> Public (Social) Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Evacuee <input type="checkbox"/> Emergency Shelter/Mission/Transitional <input type="checkbox"/> Evacuee <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Undisclosed <input type="checkbox"/> Unhoused <input type="checkbox"/> Youth Home/Shelter <input type="checkbox"/> Other <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer	
Email Address(es): _____	
Phone Number(s): _____	
* ID Type Shown: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Food For Change ID <input type="checkbox"/> Social Security Number <input type="checkbox"/> Lease <input type="checkbox"/> N/A <input type="checkbox"/> No ID <input type="checkbox"/> School ID <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Barcode – L2F ID <input type="checkbox"/> Government ID with Alien Number <input type="checkbox"/> Other _____	
* Language(s) Spoken in the Household: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi/Urdu <input type="checkbox"/> Arabic <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese Other: _____	
* Ethnicity (Check all that apply) <input type="checkbox"/> White/Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Arab American <input type="checkbox"/> Black /African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaska Native/Aleut/ Eskimo <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> None <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Don't Know	



Profile Information

*** Employment Type:**

- Full-Time
- Out of work for MORE than 1 year
- Post-Secondary Student
- Homemaker/Stay at home parent
- Out of work for LESS than 1 year
- Other
- Retired
- Part-Time
- Didn't Ask
- Don't Know
- Prefer Not to Answer

Other Household Benefits

- Aid to Families with Dependent Children (AFDC)
- Aid to the Blind or Disabled
- Children's Health Insurance Program (CHIP)
- Commodity Supplemental Food Program (CSFP)
- Headstart
- Medicaid
- Medicare
- National School Lunch Program (NSLP)
- No Social Assistance
- School Meals
- Section 8 Rental Assistance Program
- Supplemental Assistance for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Vets Aid
- Other Benefits
- Didn't Ask
- Don't Know
- No Benefits
- Prefer Not to Answer

Monthly Income

*** Income Sources (complete for each HH member, check all sources, enter monthly amt):**

- Full-Time Employment
- Part-Time Employment
- Social Security Disability Insurance (SSDI)
- SSA
- No Income
- Private Disability
- Scholarships
- Supplemental Security Income (SSI)
- Other
- Private Pension
- Social Assistance
- Spouse/Family Support
- Student Loans
- Undisclosed

Total Monthly Income \$ _____

Monthly Expenses

*** Expenses (for the household include dollar amount):**

- Mortgage _____
- Childcare _____
- Rent _____
- Food _____
- Medical _____
- School Expenses _____
- Utilities _____
- Other _____
- Transit _____
- Vehicle _____



Last name: _____ First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

* **Gender:**
 Male Female Transgender None of These Didn't Ask Prefer Not to Answer

***Relationship to Primary HH member:**
 Spouse Child Parent Sibling Grandchild Grandparent Other
 Other Relative Boyfriend/Girlfriend Common-Law Partner Friend Roommate Ward Undisclosed

* **Ethnicity(Check all that apply):**
 White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed None Didn't Ask Don't Know
 Alaska Native/Aleut/ Eskimo Middle-Eastern/North African
 Prefer Not to Answer

Last name: _____ First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

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 Prefer Not to Answer

Last name: _____ * First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

* **Gender:**
 Male Female Transgender None of These Didn't Ask Prefer Not to Answer

***Relationship to Primary HH member:**
 Spouse Child Parent Sibling Grandchild Grandparent Other
 Other Relative Boyfriend/Girlfriend Common-Law Partner Friend Roommate Ward Undisclosed

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 White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed None Didn't Ask Don't Know
 Alaska Native/Aleut/ Eskimo Middle-Eastern/North African
 Prefer Not to Answer



Additional Household Members

Last name: _____ First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

* Gender:
 Male Female Transgender None of These Didn't Ask Prefer Not to Answer

*Relationship to Primary HH member:
 Spouse Child Parent Sibling Grandchild Grandparent Other
 Other Relative Boyfriend/Girlfriend Common-Law Partner Friend Roommate Ward Undisclosed

* Ethnicity(Check all that apply):
 White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed None Didn't Ask Don't Know
 Alaska Native/Aleut/ Eskimo Middle-Eastern/North African
 Prefer Not to Answer

Last name: _____ First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

* Gender:
 Male Female Transgender None of These Didn't Ask Prefer Not to Answer

*Relationship to Primary HH member:
 Spouse Child Parent Sibling Grandchild Grandparent Other
 Other Relative Boyfriend/Girlfriend Common-Law Partner Friend Roommate Ward Undisclosed

* Ethnicity(Check all that apply):
 White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed None Didn't Ask Don't Know
 Alaska Native/Aleut/ Eskimo Middle-Eastern/North African
 Prefer Not to Answer

Last name: _____ * First name: _____

* Date of Birth: ____/____/____ (yyyy/mm/dd) Estimated? Y N

* Gender:
 Male Female Transgender None of These Didn't Ask Prefer Not to Answer

*Relationship to Primary HH member:
 Spouse Child Parent Sibling Grandchild Grandparent Other
 Other Relative Boyfriend/Girlfriend Common-Law Partner Friend Roommate Ward Undisclosed

* Ethnicity(Check all that apply):
 White/Anglo Hispanic/Latino Asian Pacific Islander Arab American Other
 Black /African American American Indian/Native American Undisclosed None Didn't Ask Don't Know
 Alaska Native/Aleut/ Eskimo Middle-Eastern/North African
 Prefer Not to Answer

Additional Household Members



Notes: