



The Household Application for USDA Foods/ Pantry Intake Form is the application used to qualify households to receive United States Department of Agriculture (USDA) Foods through The Emergency Food Assistance Program (TEFAP). The Texas Department of Agriculture (TDA) administers TEFAP in Texas, and contracts with the East Texas Food Bank (ETFB) for distribution of USDA Foods.

Partner Agencies must complete the Household Application for USDA Foods/ Pantry Intake Form when a household visits the Partner Agency for the first time (i.e. when the household initially requests distribution of USDA Foods through TEFAP). Thereafter, the Partner Agency should complete this form annually if the household continues to visit the partner agency (i.e. if the household requests to continue TEFAP benefits).

Notes:

- The Partner Agency (Food Pantry Partner) **may request but must not require proof of information** on this form. Including, but not limited to, the following:
 - Identification
 - Address
 - Income

“Participants and applicants have the right to refuse to provide proof of application information. Nevertheless, sites must provide USDA Foods to eligible participants who refuse to provide proof- in other words, refusal to provide proof of ID or address must not be perceived as a barrier to participation.” *TEFAP Handbook, Section 4000, page 13*
- Complete one original Pantry Intake Form per household
- Keep the original on file
- Maintain separate records for each household
- Retain the applications and distribution records of households for three years following the end of the certification periods corresponding to the documents.
 - Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, keep all forms and records until all issues are resolved.
- Retain records of household denials for three years following the decision date.
- The Partner Agency can use an alternate form as long as it contains all the information that appears on the Pantry Intake Form and does not ask for additional information that the USDA does not require for participation in The Emergency Food Assistance Program.
 - If the Partner Agency desires to use an alternate form, the form must be approved by ETFB staff.
- Fields denoted on the pantry intake form with ****x**** are not required pieces of information, but valuable information for the Food Bank and our partners. The applicant can decline to complete these fields if desired.

Section 1- Certification

Signature of household member- Obtain the signature of the applicant/ household member who is eligible to apply on behalf of the household. If no one in the household is older than 18 then a household member younger than 18 may sign the form. The signature certifies that the applicant:

- Is a member of the household living at the address provided in section 2 and that, on behalf of the household, is applying for USDA Foods that are distributed through TEFAP

Instructions for Completing the
Household Application for USDA Foods/ Pantry Intake Form



- All information provided to the agency on the Pantry Intake form is correct.
- If applicable, the information provided by the household's proxy is correct to the best of the proxy's knowledge.

Date- Enter the date of signature

Section 2- Household information

Name of household member- Enter the name of the household member applying on behalf of the household.

Number of household members- Enter the number of household members for whom USDA Foods are requested.

****Date of Birth**** (Optional)- Enter the date of birth of the household member

****Gender**** (Optional)- Enter the gender of the household member

****Ethnicity**** (Optional)- Enter the ethnicity of the household member

Address- Enter the household's address. Sites may request but must not require proof of address.

Phone Number- Enter the household phone number

**** Number of household members by age group**** (Optional)- Enter the number of household members that fall within each age group

Name of proxy (person given the authority to act on behalf of household) (optional)- Enter this information if it is applicable. To change a proxy, the Partner Agency must collect a written and signed statement from the participant that contains the following information:

1. Participant's name
2. Participant's signature
3. Proxy's name
4. Date of proxy change
5. Duration of time the proxy designation will be in effect

Address of proxy- Enter the address of the proxy.

****Household Individual Information Grid**** (Optional): List all persons living in the household, complete with their name, gender, date of birth, and ethnicity.

Section 3- Categorical Eligibility

If a household currently receives one or more of the specific types of assistance listed, mark the appropriate assistance type(s). If the household does not receive any of the assistance types listed, leave the assistance types blank. The Partner Agency may request but must not require proof of other assistance.

If the household is eligible under Section 3, enter the information and skip to Section 6



Section 4- Income Eligibility

Total gross income- This information is optional if the household is categorically eligible. (See Section 3.) Enter the total gross income of all household members, as stated by the household, and mark whether the income is received yearly, monthly, or weekly. The Partner Agency may request but must not require proof of income.

Note: Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.

Section 5- Household Crisis Eligibility

Complete Section 5 only if the household is ineligible because of information obtained in Sections 3 and 4.

Households qualify based on unexpected and unavoidable expenses of a household crisis.

Characteristics of a Household Crisis	Examples of Unexpected Costs of a Household Crisis (The CE or site may define and document other circumstances.)
1. Unexpected	1. Necessary medical treatment of a household member
2. Temporary	2. Burial expenses of a household member
	3. Uncontrolled loss of employment
3. Beyond the household's control	4. The repair or replacement, because of a household disaster, of the household's home, home contents, or vehicle

In the space provided, document the cause of the household crisis.

Indicate eligibility and length of certification. Crisis Eligibility certification period is 6 months.

Section 6- Eligibility or Ineligibility

Indicate eligibility and length of certification. (Household eligibility certification period is 12 months, if eligible under Section 3 or Section 4).

Indicate ineligibility then complete Section 5 if necessary.

Section 7- Signature and Date

The Partner Agency representative must sign and date the form.



****Release of Information** (Optional)**

Household Representative Signature (optional) – Instruct the Household Representative to read through the Release of Information statement and sign if they agree.

The Household Representative's signature on the Release of Information section gives the agency permission to put their information into the Oasis Insight client data tracking software. If the Household Representative chooses not to sign the Release of Information, the agency must not put the client's information into Oasis Insight.