



San Antonio Food Bank
Partner Agency Pantry Family Intake Form Form B

(client may fill this out)

Date of Intake: _____

Are you homeless? Yes No If no, please complete address portion of form.

Household Information

**YOUR NAME							
**ADDRESS (if available)							
CITY / STATE/ ZIP/ COUNTY							
PHONE							
**Number in Household							
**GROSS INCOME Amount before deductions	\$		Per Year		Per Month		Per Week

****Does your family receive any type of assistance? check all that apply**

Temporary Assistance To Needy Families (TANF)		SNAP (Food Stamps)	
SSI		Medicaid	
NSLP		Temporary Crisis	

Document reason for crisis in "comments" box below.

By signing below, I certify that:

- (1) I am a member of the household living at the address provided above 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 "Authorized Representative" (as named below) is also, to the best of my knowledge and belief, true and correct.

****CLIENT SIGNATURE (client must be present for initial interview and food assistance)**

Date

Name of Authorized Representative: (name of person to act on their behalf)	Authorized Representatives Address or Phone:
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Household is INELIGIBLE: (Explain the reason for ineligibility in the "comments" box below.)

Comments:

Household is ELIGIBLE based on:

Low Income		SNAP	
SSI		Medicaid	
NSLP		Temporary Crisis	

Certification period is up to twelve months. For crisis food need certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months. Give length of certification period if household is eligible.

Beginning (month/year): _____/_____

Ending (month/year): _____/_____

Agency Staff Signature: _____ **Revisit this form on:** _____

Only the information above is required to obtain USDA Foods

Receiving Financial Aid

Foster Youth

PELL	STATE GRANTS
VA	LOANS

DEMOGRAPHIC INFORMATION (PLEASE REPORT TO SAFB ON MONTHLY REPORTS)

How many people live in your house in the following age / gender groups: (please write the number in the box)

0-5 yrs		6-18 yrs		19-40 yrs		41-59 yrs		60 and over	
# Males in house					# Females in house				

Military Status:

Active Military		Retired Military		Reserve Military		Veteran	
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Please select your race:

American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White	
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Please select your ethnicity:

Cuban		Mexican		Puerto Rican		South or Central American		Other Spanish culture or origin	
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How many people live in your house in the following groups: (please write the number in the box)

Homeless		Physically Disabled		Abuse Victims		Mentally Disabled		People with Chronic Illness	
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Household Composition:

Two Parent Home		Senior(s) Raising Grandchildren		Single Parent		Single Adult		Senior Living Alone	
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Please have client sign every time they come receive assistance (if you have another form for this that is fine, but you must keep all documentation accessible and together).

Date	Signature of Client (by client)

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