Sèvis (Service) Insights

TEFAP Virginia

SEKSYON SA A SE POU ANPLWAYE ITILIZE SÈLMAN (FOR STAFF USE ONLY):

Bakode # (Barcode #): _____

Fòm Admisyon nan Service Insights – Tanpri Ekri an Lèt Detache epi Aklè (Service Insights Intake Form – Please Print Clearly)

Dat la (Date): _____

Kesyon Obligatwa yo make avèk anjòn, yo an karaktè gra epi yo gen * (Required Questions are *bold)

*** Prenon (First name):** _____ *** Non fanmi (Last name):** _____

*** Dat Nesans (Date of Birth):** ____/____/_____(mwa/jou/ane [mm/dd/yyyy]) OSWA (OR) Laj (Age):_____

*** Adrès (Address):** _____ Adrès (Liy 2) [Address (Line 2)]: _____

*** Vil (City):** _____ ***Eta (State):** _____ ***Kòd postal (Zip code):** _____

*** Konte (County):** _____

☐ San adrès fiks (No fixed address)

Adrès Imèl (Email Address): _____

☐ Dakò pou nou kontakte ou nan imèl (Ok to contact via email)

***Nimewo telefòn (Phone number):** _____

☐ Dakò pou kontakte ou nan telefòn (Ok to contact via phone)

☐ Pa gen telefòn (No phone)

Ki metòd kominikasyon pou pito? (What method of communication do you prefer?)

☐ Tèks (Text) ☐ Telefòn (Call) ☐ Imèl (Email)

***MOUN K AP VIV LAKAY OU - bay enfòmasyon sa yo pou tout moun k ap viv lakay ou (*HOUSEHOLD MEMBERS - Provide the following information for all other members living in the household)**

***Prenon (First Name)**	***Non Fanmi (Last Name)**	***Dat Nesans (Mwa/Jou/Ane) OSWA Laj [Date of Birth (Month/Day/Year) OR Age]**	Sèks (Gender)	Gwoup etnik (Ethnicity)

Mandatè: Èske gen yon lòt moun lakay ou ki ka vin pran manje pou ou? (Proxy: Is there someone else who may pick up food for you?)

Prenon (First Name):_____ Non fanmi (Last Name):_____ Nimewo telefòn (Phone Number): _____

*** Èske nenpòt moun k ap viv lakay ou nan moman ap resevwa SNAP, ki rele koupon pou manje tou? (Is anyone in your household currently receiving SNAP, also known as food stamps?)**

☐ Wi (Yes) ☐ Non (No) ☐ Mwen pa konnen / Mwen pito pa reponn (Don't know / Prefer not to answer)

Lòt Pwogram Gouvènman (chwazi tout sa ki konsène ou)
[Other Government Programs (select all that apply)]

☐ **TANF oswa asistans lajan kach (TANF or cash assistance)**
☐ Fanm, Bebe, ak Timoun (WIC) [Women, Infants, and Children (WIC)]
☐ Sekirite Sosyal (Social Security)
☐ Revni Sekirite Siplemantè (SSI) [Supplemental Security Income (SSI)]
☐ Asirans Sekirite Sosyal pou Andikap (SSDI) oswa peman akòz andikap (Social Security Disability Insurance (SSDI) or disability payments)
☐ Medicare
☐ **Medicaid**

*[Pwogram **dinamik** yo se kalifikatè otomatik pou TEFAP.] ([**Bold** programs are automatic qualifiers for TEFAP.])*

☐ Pwogram Asirans Sante pou Timoun (CHIP) [Children's Health Insurance Program (CHIP)]
☐ Manje gratis/pou pri redui nan lekòl (Free/reduced price school meals)
☐ Kredi Taks sou Revni Pwofesyonèl (EITC) oswa lòt kredi taks ki ranbousab (Earned Income Tax Credit (EITC) or other refundable tax credits)
☐ Pwogram Asistans pou Enèji pou Fanmi ki gen Revni Ba (LIHEAP) [Low Income Home Energy Assistance Program (LIHEAP)]
☐ Chomaj (Unemployment)
☐ Konpansasyon Travayè (Worker's Compensation)
☐ Sibvansyon pou lojman (Housing subsidies)
☐ Asistans pou Veteran (Veteran's Assistance)
☐ Pwogram Alimantè Siplemantè Debaz (Commodity Supplemental Food Program)

*Revni moun k ap viv nan kay la (Household Income):

$_____ pa semèn (per week) OSWA (OR) $_____ pa mwa (per month) OSWA (OR) $_____ pa ane (per year)

Kesyon ki anba yo pa obligatwa pou reponn epi yo p ap afekte sèvis TEFAP ou. (The following questions are optional and will not impact your TEFAP service.)

* Sèks (Gender):

☐ Gason (Male)
☐ Gason ki chanje Sèks/ Fanm ki chanje Sèks (Trans Female/Trans Woman)
☐ Non-konfòmite nan jan (Gender non-conforming)
☐ Fanm (Female)
☐ Fanm ki chanje Sèks (Trans Male/Trans Man)
☐ Okenn nan sa yo (None of these)
☐ Moun ki chanje sèks (Transgender)
☐ Non-binary
☐ Mwen pa konnen / Mwen pito pa reponn (Don't Know / Prefer not to answer)

Ras/gwoup etnik (chwazi tout sa ki konsène ou) (Race / Ethnicity (choose all that apply):

☐ Blan (White)
☐ Azyatik (Asian)
☐ Natifnatal Hawaii oswa Lòt Natifnatal Zile Pasifik (Native Hawaiian or Other Pacific Islander)
☐ Mwen pa konnen / Mwen pito pa reponn (Don't Know / Prefer not to answer)
☐ Ispanik, Latino, oswa Panyòl (Hispanic, Latino, or Spanish)
☐ Ameriken Natifnatal oswa Natifnatal Alaska (American Indian or Alaska Native)
☐ Nwa oswa Afriken-Ameriken (Black or African America
☐ Mwayennoryan oswa Afrik-di-Nò (Middle Eastern or North African)
☐ Yon lòt ras oswa gwoup etnik (Some other race or ethnicity)

Lang ou Pito (yo) [Preferred Language(s)]:

☐ Anglè (English)
☐ Panyòl (Spanish)
☐ Koreyen (Korean)
☐ Arab (Arabic)
☐ Amarik (Amharic)
☐ Lòt lang (Other): _____

Èske ou bezwen sèvis tradiksyon? (Do you need translation services?)

☐ Wi (Yes) ☐ Non (No)

Estati Militè (Military Status):

Èske nenpòt moun lakay ou, ak oumenm tou, te travay nan sèvis aktif nan Fòs Lame Etazini? Sèvis aktif gen ladan sèvis nan Fòs Lame Etazini ak nan avyasyon nan Rezèv oswa Lagad Nasyonal. (Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.)

☐ Wi, te nan sèvis aktif lontan, men pa kounye a (Yes, on active duty in the past, but not now)
☐ Non, pa t janm nan sèvis aktif sof pou fòmasyon debitan/debaz (No, never on active duty except for initial/basic training)
☐ Non pa t janm sèvi nan Fòs Lame Etazini (No, never served in the U.S. Armed Forces)
☐ Wi, nan sèvis aktif kounye a (Yes, now on active duty)
☐ Mwen pa konnen / Mwen pito pa reponn (Don't know / Prefer not to answer)

Konsiderasyon Dyetetik (Dietary Considerations):

☐ Fèb sik / fèb idrat kabòn ("rejim dyabetik") [Low-sugar / low-carb ("diabetes-friendly")]
☐ San gluten (Gluten-free)
☐ Vejetaryen (Vegetarian)
☐ Alèjèn alimantè (Food allergen): _____
☐ San restriksyon (No restrictions)
☐ Sèl ba /fèb kantite grès satire fat ("kè a an sante") [Low-sodium / low-saturated fat ("heart healthy")]
☐ Kachè (Kosher)
☐ Rejim semi-likid / pwoblèm dan (Soft diet / dental concerns)
☐ lòt (Other):_____
☐ Halal
☐ Vejetalyen (Vegan)
☐ Limite / Pa gen ekipman pou Kwit manje (Limited / No cooking equipment)
☐ Mwen pa konnen / Mwen pito pa reponn (Don't know / Prefer not to answer)

Nòt: ajoute enfòmasyon ou ta renmen nou konnen. egzanp: "W ap chèche jwenn kouchèt." "Nou bezwen manje chen." (Notes: include any information you would like us to know. Examples: "Looking for diapers." "We need dog food.")

PWOMÈS CAFB KONSÈNAN DONE OU (THE CAFB DATA PROMISE)

N ap trete ou ak enfòmasyon ou avèk diyite ak respè.(We will treat you and your information with dignity and respect.)

N ap kenbe enfòmasyon ou yo asire ak pwoteje. (We will keep your information safe and secure.)

N ap itilize enfòmasyon sa yo sèlman pou bay pi bon sèvis yi pou ou. (We will only use this information to provide better services for you.)