



**Service
Insights
Virginia TEFAP**

FOR STAFF USE ONLY:

Barcode #: _____

Service Insights Intake Form – Please Print Clearly

***Highlighted** fields are required

***Date:** _____

***First Name:** _____ ***Last Name:** _____

***Address:** _____ ***City:** _____ ***State:** _____ ***ZIP:** _____

***County:** _____ No Fixed Address

***Total Number of People in Household:** _____

***Is anyone in your household currently receiving SNAP, also known as food stamps?** Yes No Don't know / prefer not to answer

Households that receive SNAP are eligible for TEFAP.

Other Government Programs (select all that apply):
Households that receive TANF are eligible for TEFAP.
Single-person households that receive SSI or Medicaid are also eligible for TEFAP.

- TANF or cash assistance**
- Supplemental Security Income (SSI)**
- Medicaid**
- Medicare
- Women, Infants, and Children (WIC)
- Social Security
- Worker's Compensation

- Earned Income Tax Credit (EITC) or other refundable tax credit
- Low Income Home Energy Assistance Program (LIHEAP)
- Unemployment
- Housing subsidies
- Veteran's Assistance
- Commodity Supplemental Food Program (CSFP)
- Children's Health Insurance Program (CHIP)
- Free/reduced price school meals
- Social Security Disability Insurance (SSDI) or disability payments
- None

***Household Income:**

\$ _____ per week **OR** \$ _____ per month **OR** \$ _____ per year

Proxy: Is there someone else who may pick up food for you?

Name: _____ Phone Number: _____

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, audiotope, 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%20PCComplaint-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;
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: Program.Intake@usda.gov.

This institution is an equal opportunity provider.

**The following questions are optional and will not impact your TEFAP service.
Any information you choose to provide will only be used to improve our services to the community.**

Email Address: _____

***Phone Number:** _____

OK to contact via email

OK to contact via phone

No phone

Preferred method of communication:

Text

Call

Email

***Date of Birth:** ____ / ____ / ____ (MM/DD/YYYY) or ***Age:** _____

***Gender:**

Male

Female

Transgender

Trans Female / Trans Woman

Trans Male / Trans Man

Non-binary

Gender non-conforming

None of these

Don't know / Prefer not to answer

***Race / Ethnicity (choose all that apply):**

White

Black or African American

Asian

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

Some other race or ethnicity

Hispanic, Latino, or Spanish

Don't know / Prefer not to answer

American Indian or Alaska Native

Preferred Language(s):

English

French

Vietnamese

Do you need translation services?

Spanish

Korean

Arabic

Yes

Amharic

Mandarin

Other: _____

No

Household Members:

Provide the following information for all other people in your household, **not including yourself.**

First Name	Last Name	Date of Birth or Age	Gender	Ethnicity

Dietary Considerations:

Low-sugar / Low-carb ("diabetes-friendly")

Soft diet / dental concerns

Gluten-free

Halal

Vegetarian

Vegan

Food allergen: _____

Limited / no cooking equipment

Low-sodium / low-saturated fat ("heart healthy")

Other: _____

Kosher

No restrictions

Don't know / prefer not to answer

Military Status:

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.

Yes, on active duty in the past, but not now

No, never on active duty except for initial/basic training

Yes, now on active duty

Don't know / Prefer not to answer

No, never served in the U.S. Armed Forces