Service Insights DC TEFAP

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)

Chan ki **make an jòn yo** obligatwa pou ranpli (**Highlighted** fields are required) **Dat la (Date):** _____

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

Adrès ou (Address): _____ **Vil (City):** _____ **Eta (State):** _____ **Kòd postal (ZIP):** _____

Inite (Ward): _____ ☐ No Fixed Address (No Fixed Address)

Kantite Total Moun k ap Viv nan Kay la (Total Number of People in Household): _____

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?)

Fanmi ki resevwa SNAP kalifye pou TEFAP (Households that receive SNAP are eligible for TEFAP).

☐ 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)]:

Fanmi ki resevwa TANF kalifye pou TEFAP (Households that receive TANF are eligible for TEFAP).

Moun k ap viv lakay moun ki resevwa Medicaid kalifye pou TEFAP (Households of one person who receive Medicaid are eligible for TEFAP).

- ☐ **TANF oswa asistans lajan kach (TANF or cash assistance)**
- ☐ **Medicaid (Medicaid)**
- ☐ Revni Sekirite Siplemantè (SSI) [Supplemental Security Income (SSI)]
- ☐ Medicare (Medicare)
- ☐ Fanm, Bebe, ak Timoun (WIC) [Women, Infants, and Children (WIC)]
- ☐ Sekirite Sosyal (Social Security)
- ☐ Konpansasyon Travayè (Worker's Compensation)
- ☐ Kredi Taks sou Revni Pwofesyonèl oswa lòt kredi taks ki ranbousab (Earned Income Tax Credit (EITC) or other refundable tax credit)
- ☐ Pwogram Asistans pou Enèji pou Fanmi ki gen Revni Ba (LIHEAP) [Low Income Home Energy Assistance Program (LIHEAP)]
- ☐ Chomaj (Unemployment)
- ☐ Sibvansyon pou lojman (Housing subsidies)
- ☐ Asistans pou Veteran (Veteran's Assistance)
- ☐ Pwogram Alimantè Siplemantè Debaz (CSFP) [Commodity Supplemental Food Program (CSFP)]
- ☐ Pwogram Asirans Sante pou Timoun (CHIP) [Children's Health Insurance Program (CHIP)]
- ☐ Manje gratis/pou pri redui nan lekòl (Free/reduced price school meals)
- ☐ Asirans Sekirite Sosyal pou Andikap (SSDI) oswa peman akòz andikap (Social Security Disability Insurance (SSDI) or disability payments)
- ☐ Okenn (None)

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)

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?)

Non (Name): _____ Nimewo telefòn (Phone Number): _____

entèdiksyon pou pratike diskriminasyon sou baz ras, koulè, peyi kote yon moun soti, sèks (idantite jan ak preferans seksyèl), andikap, laj, oswa vanjans oswa zak vanjans pou aktivite anvan ki konsène dwa sivil. Nou ka mete enfòmasyon sou pwogram nan disponib nan lang ki pa Anglè. Moun andikape ki bezwen lòt mwayen kominikasyon pou jwenn enfòmasyon sou pwogram nan (egzanp, ekriti Bray, gwo lèt, kasèt-odyo, Langaj Siy Ameriken), ta dwe kontakte ajans leta oswa ajans lokal responsab ki administre pwogram nan oswa USDATARGET Center nan nimewo (202)720-2600 (pou pale ak TTY) oswa yo ta dwe kontakte USDA nan Sèvis Relè Federal nan nimewo (800)877-8339. Pou depoze yon plent akòz pratik diskriminasyon nan pwogram nan, yon Moun k ap fè Plent lan ta dwe ranpli yon Fòm AD-3027 ki se Fòm Plent kont Pratik Diskriminasyon nan Pwogram nan sou sitwèb: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, nan nenpòt biwo USDA, epi moun nan rele nimewo (866) 632-9992, oswa depi li voye yn lèt ki adrese ba USDA. Lèt la dwe gen ladan non moun ki fè plent lan, adrès li, nimewo telefòn li, ak yon deskripsyon ekri pratik diskriminasyon li kwè ki fèt kon li avèk ase detay pou enfòme Asistan-Sekretè pou Dwa Sivil yo (Assistant Secretary for Civil Rights, ASCR) konsènan kalite a ak dat lè te gen yon sipoze vyolasyon dwa sivil yo. Moun nan dwe prezante fòm AD-3027 ki ranpli a oswa lèt la nan USDA konsa (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%20PComplaint-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. Pa lapòs (Mail): U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
2. Faks: (833) 256-1665 oswa (202) 690-7442, oswa [Fax: (833) 256-1665 or (202) 690-7442; or]
3. Imèl (Email): Program.Intake@usda.gov.

Enstitisyon sa a se yon enstitisyon ki bay opòtinite egalego pou tout moun (This institution is an equal opportunity provider).

Kesyon ki anba yo pa obligatwa pou reponn epi yo p ap afekte sèvis TEFAP ou.
Nou pral itilize nenpòt enfòmasyon ou chwazi pou bay sèlman pou amelyore sèvis nou yo pou kominote a.
(**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.)

Espas ki make yo pral ede nou sitou sèvi ou pi byen! (Highlighted fields will help us the most to serve you better!)

Adrès Imèl (Email Address): _____
☐ Dakò pou nou kontakte ou nan imèl (OK to contact via email)

Nimewo telefòn (Phone Number): _____
☐ Dakò pou nou kontakte ou nan telefòn (OK to contact via phone) ☐ Pa gen telefòn (No phone)

Metòd kominikasyon ou pito (Preferred method of communication): ☐ Tèks (Text) ☐ Telefòn (Call) ☐ Imèl (Email)

Dat Nesans (Date of Birth): ____ / _____ / _____ (MWA/JOU/ANE) [(MM/DD/YYYY)] oswa **Laj (or Age):** _____

Sèks (Gender):

☐ Gason (Male)
☐ Fanm (Female)
☐ Moun ki chanje sèks (Transgender)
☐ Gason ki chanje Sèks/ Fanm ki chanje Sèks (Trans Female / Trans Woman)
☐ Fanm ki chanje Sèks (Trans Male/Trans Man)
☐ Non-binary (Non-binary)
☐ Non-konfòmite nan jan (Gender non-conforming)
☐ Okenn nan sa yo (None of these)
☐ 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)
☐ 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 American)
☐ Mwayennoryan oswa Afrik-di-Nò (Middle Eastern or North African)
☐ Yon lòt ras oswa gwoup etnik (Some other race or ethnicity)
☐ Mwen pa konnen / Mwen pito pa reponn (Don't know / Prefer not to answer)

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

☐ Anglè (English)
☐ Panyòl (Spanish)
☐ Amarik (Amharic)
☐ Fransè (French)
☐ Koreyen (Korean)
☐ Mandaren (Mandarin)
☐ Vyetnamyen (Vietnamese)
☐ Arab (Arabic)
☐ Lòt lang (Other): _____

Èske ou bezwen sèvis tradiksyon? (Do you need translation services?)
☐ Wi (Yes)
☐ Non (No)

Moun yo k ap viv lakay ou (Household Members):

Bay enfòmasyon sa yo pou tout lòt moun k ap viv lakay ou, san ou pa konsidere tèt ou (Provide the following information for all other people in your household, not including yourself).

Prenon (First Name)	Non Fanmi (Last Name)	**Dat Nesans oswa Laj (Date of Birth or Age)**	Jan (Gender)	Gwoup etnik (Ethnicity)

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): _____
☐ 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)
☐ Halal (Halal)
☐ Vejetalyen (Vegan)
☐ Limite / pa gen ekipman pou Kwit manje (Limited / no cooking equipment)
☐ Lòt lang (Other): _____
☐ San restriksyon (No restrictions)
☐ Mwen pa konnen / Mwen pito pa reponn (Don't know / prefer not to answer)

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