



Intake form ALL INFORMATION COLLECTED IS CONFIDENTIAL, USED FOR RECALL & REPORTING PURPOSES ONLY. Please write clearly.

Card # given once received on site.

HEAD OF HOUSE/PERSON PICKING UP

NAME: _____ BIRTH DATE _____

ADDRESS: _____

TOWN / VILLAGE _____ ZIP: _____ COUNTY: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ADDITIONAL MEMBERS IN HOUSEHOLD

NAME	BIRTHDATE	M/F/O

Circle Yes or No. You do not need to provide details.

Are there any Veterans in the household? YES NO

Does anyone in your household receive any income assistance? (Food Share, WIC, Badger Care) YES NO

Has anyone in your household applied for, or does anyone currently receive disability income? YES NO (SSI or SSDI; not Social Security benefits earned via prior employment)

Do you have transportation to the pantry (or own a vehicle) YES NO

OPTIONAL Questions

What is the primary cultural or ethnic background of your household? _____

What is the primary language used in your household? _____

The undersigned client certifies that the information/answers provided are complete and true. You further agree:

- Mission Nutrition DeForest inc. is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a FIRST COME, FIRST SERVE basis and you relinquish Mission Nutrition DeForest Inc./ Second Harvest Foodbank of all liability of any nature whatsoever and accept the food "AS IS" and at your own risk.
- There is no guarantee to the amount or type of food or produce given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- You will not dispose of waste and unwanted food on public property. You will be responsible and dispose privately.
- Inappropriate behavior such as profanity, littering, verbal abuse of volunteers or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at Mission Nutrition DeForest Inc.
- To update household information as needed, or as required by Mission Nutrition DeForest Inc.

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Revised Nov 2023

The Emergency Food Assistance Program

By signing below, you confirm that you have been presented with and comprehended the 2023-24 Income Eligibility Guidelines. Your signature signifies your verbal consent and eligibility acknowledgment.

TEFAP Applicants self-declare income eligibility by determining that their combined household income is equal to or less than the amounts shown in the table below. Proof of income is not required or allowed to enroll in TEFAP.

Los solicitantes del TEFAP declaran por sí mismo elegibilidad de ingresos al determinar que sus ingresos combinados del hogar son iguales o inferiores a las cantidades que figuran en la tabla siguiente. No se requiere ni se permite la prueba de ingresos para inscribirse en TEFAP.

Household Size Tamaño del Hogar	Combined Household Annual Income Ingresos Anuales Combinados del Hogar	Combined Household Monthly Income Ingresos Mensuales Combinados del Hogar	Combined Household Weekly Income Ingresos Semanales Combinados del Hogar
1 person/1 persona	\$29,160	\$2,430	\$561
2 people/2 personas	\$39,440	\$3,287	\$758
3 people/3 personas	\$49,720	\$4,143	\$956
4 people/4 personas	\$60,000	\$5,000	\$1,154
5 people/5 personas	\$70,280	\$5,857	\$1,352
6 people/6 personas	\$80,560	\$6,713	\$1,549
7 people/7 personas	\$90,840	\$7,570	\$1,747
8 people/8 personas	\$101,120	\$8,427	\$1,945
9 people/9 personas	\$111,400	\$9,283	\$2,143
10 people/10 personas	\$121,680	\$10,140	\$2,340
11 people/11 personas	\$131,960	\$10,997	\$2,538
12 people/12 personas	\$142,240	\$11,853	\$2,735

CLIENT SIGNATURE: _____ **DATE:** _____

Mission Nutrition DeForest prohibits discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, or income derived from a public assistance program.

Pantry use: