

Adding a New Family

HOME Lists: [Regular](#) [Expanded](#) [Serving](#) [Check-In](#) [Serving/Check-In](#) [Offline](#) [Store](#) [Reload Page](#)

Search for a Family...  Type abbreviated name here
Ex. Search for George Washington by typing "was,geo" [View Help](#) Expand

Name	Address	DOB	Phone	Alt ID
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[Add New Family & Visit](#)

Service Visit list for Monday 11/11/2019 , Pantry

Service Visit #	Name	Address	Visit Status	Time
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If a client is not already in the system, you can add them!

- 1) Click "Add New Family & Visit."

[HOME](#) Add a NEW Family and Service Record for TODAY, Monday Nov 11, 2019 - Step 1 of 3

Head of Household (HH)	Last <input type="text" value="Last Name"/>	First <input type="text" value="First Name"/>	Middle <input type="text" value="Middle Name"/>	Suffix <input type="text"/>
Address Line(s)	<input type="checkbox"/> Homeless		Housing Type: <input type="text" value="Please Select Housing Type"/>	
	Street Address <input type="text" value="EXAMPLE: 123 Foodie Way"/>			
	Apt#, Lot#, Etc or Leave Blank <input type="text"/>			
Zip Code (5 digits only)	<input type="text" value="Zip Code"/> < Enter Zip Code to lookup City, State, County			
Phone Numbers	Phone- <input type="text" value="Primary Phone Number"/>	2nd Phone- <input type="text" value="Secondary Phone Number"/>	No Phone Number <input type="checkbox"/>	
Personal Information (HH)	Date of Birth <input type="text"/>	OR Age - <input type="text" value="Age"/>	DONT KNOW? Use a Placeholder of <input type="checkbox"/> 25 <input type="checkbox"/> 40 <input type="checkbox"/> 65	
	Gender: <input type="radio"/> F <input type="radio"/> M <input type="radio"/> Not Specified or Listed			
Total # of people in household by Age Group:	# people 60+ yrs. <input type="text" value="Seniors -"/>	# people 18 - 59 yrs. <input type="text" value="Adults"/>	# people birth - 17 yrs. <input type="text" value="Kids"/>	

- 2) Fill out the requested information.

*check out the hints on the back of this page

- 3) Then click "Next."

Helpful tips:

- a) *Fill out last name and first name. You can put a middle name or initial if you want, but not necessary. The "suffix" dropdown menu allows you to add if the person is a "Jr." or "Sr." or "...the IVth." You MAY leave "middle name" and "suffix" empty.*
- b) *For street address, please use standard postal abbreviations (ex: Rd instead of Road, St instead of Street), and do NOT use punctuation (Rd is correct, rather than Rd.) If they have an apt or lot #, please write Apt_ or Lot_, rather than just the number, unless you do not know which it is. PLEASE leave "housing type" blank.*
- c) *Enter the zip code. Once you click anywhere else (I usually click into the phone # box), it will automatically determine the city and state that correspond to that code, and often the county too. If there are multiple counties within the zip code, you will have to select the right county from a dropdown menu.*
- d) *Enter the phone number. It will automatically include dashes and parentheses, so just type in the numbers.*
- e) *Enter their date of birth. If they give you their age instead, figure out what year they were born in and put their DOB as January 1st of that year. That way, the computer updates their age automatically each year. When you click anywhere else (like into the gender bubbles), the computer will calculate their age for you.*
- f) *Select their gender.*
- g) *Enter the total number of people in each age category, to create the correct amount of blank spaces for you to add family members on the next page. You should INCLUDE the head of household in these numbers. You must put a number in every box of this section, even if that number is 0.*

Head of Household (HH)	Last- Test	First- Case	Middle-	
Address Line(s)	921 College Ave (Street address) Housing Type- None Selected			
City, State, Zip	ELMIRA	NY	14901	CHEMUNG County
Phone Numbers	none			
Personal Information (HH)	Date of Birth (mm/dd/yyyy) OR Age-80			
# in household by Age Group:	age 60+ 2	age 18 - 59 3	age birth - 17 1	

OTHER Family Members (Please DO NOT re-enter the Head of Household, if you need to add more Family Members, you can do it on the next screen)
Please update the "placeholder" names below with any information that you have for the remaining Family Members

Last Name	First Name	Middle	Suffix	Date of Birth mm/dd/yyyy	Age	Gender
Test	Senior1				Use Placeholder Age(65)? <input checked="" type="checkbox"/>	<input type="radio"/> F <input type="radio"/> M
Test	Adult1				Use Placeholder Age(35)? <input checked="" type="checkbox"/>	<input type="radio"/> F <input type="radio"/> M
Test	Adult2				Use Placeholder Age(35)? <input checked="" type="checkbox"/>	<input type="radio"/> F <input type="radio"/> M
Test	Adult3				Use Placeholder Age(35)? <input checked="" type="checkbox"/>	<input type="radio"/> F <input type="radio"/> M
Test	Child1				Use Placeholder Age(10)? <input checked="" type="checkbox"/>	<input type="radio"/> F <input type="radio"/> M

Yes, I want to add Historical Service records from prior forms or logs sheets for this family. Otherwise, just complete the information about the Other Family Members and click ADD
[Click Here to display the lines for entering service history.](#)

Finish Adding New Family

Reset

4) Fill in the Last Name (if different than the head of household's), First Name, DOB, and Gender for each family member.
5) Then click "Finish Adding New Family."

Main E-Signature Service History Additional Info Notes Family Members Close Window Reload

6) Click on the "E-signature" tab and complete the TEFAP attestation.

ATTESTATION (if they need to sign)

Privacy Policy

1. Reading this Summary document is not a substitute for reading the PantryTrak P...
2. Your privacy is important to Mid-Ohio Foodbank and the foodbanks, food pantries, and other service providers that use the PantryTrak System to help process and record your requests for food, assistance, or other client services.
8. **Personal Data may be used by service providers to make referrals to other service providers, inform clients about services they may be eligible to receive, and connect clients to resources and information that may be beneficial to them.**
9. Personal Data will not be sold for direct marketing purposes.
10. The Privacy Policy may change at any time; the most current version can be found at:
www.pantrytrak.com/privacy **Click here to view it now**

(Show All Items)

7) Let the client know about the privacy policy (there should be a laminated summary at the intake area to which you can refer them). Then scroll down past this.

8) Below, you'll see the beginning of the TEFAP Eligibility Form. Based on the FreshTrak record, it fills in the name, phone number, and address of the head of household, and calculates the household size. If you need to make any changes, go back to the "Main" tab to the left of the "E-signature" tab, and change it in their record.

NAME		
Food, Food		
ADDRESS	CITY	ZIP
? Liberty St	BATH	14810

Please indicate the number of each below, i.e. if two children are in your household enter "2" in the box below Children.

Children (Ages 0-17)	Adults (Ages 18-64)	Seniors (Ages 65+)	Total Household Members
0	1	1	2

OPTION 1:

The table below shows a yearly gross income for each household size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP.

Option 1 Eligibility Requirements

For a Household of **2** your income must be at or below **\$34,840** to qualify.

9) Select ONE of the following 3 options.

OPTION 2:

You are also categorically eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(es) next to it.

Option 2 Eligibility Requirements

- | | |
|--|--|
| <input checked="" type="checkbox"/> SNAP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Free/Reduced School Meals |

OPTION 3:

By selecting this option you are declaring that it is an Emergency.

10) Select from the drop-down menu if the signee is someone other than the head of household. Anyone listed as proxy, or as a member of the household over the age of 15 with a DOB listed, can sign.

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household OR that my household participates in the program(s) that I have checked on this form. I understand that these records will be held in confidence at this distribution site but may be released to the New York State Office of General Services or the United State Department of Agriculture for review upon their request.

Signee

Stephen Food - Member of Household
Food Food - Head of Household
Stephen Food - Member of Household

Initials

sf

Date

07/06/2021

I Agree

with a valid date of birth, and above the age of 15.

11) After they verbally agree, you may initial for the client and select "I Agree."

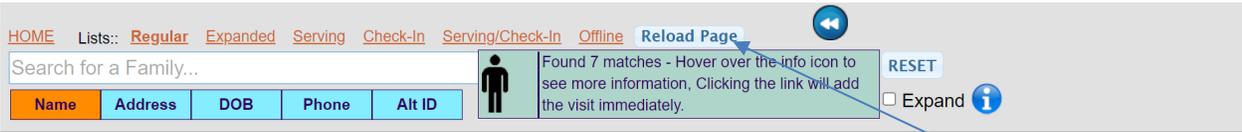
This form was signed on May 19th, 2021 and is valid through May 19th, 2022

Signed by: Food, Dog
 Position of: head of household
 Signed with: df
 Signed on: 2021-05-19 16:02:39
 Household Size: 2
 Form Signed: New York Attestation - Ney York Attestation - English
 Form Revision: Valid from 01/01/2020 through 12/31/2021

12) You will then see the form is signed, and you don't need to worry about it for another year!



13) Close out of the tab for that visit by clicking the small "x" (which may look a little different depending on your browser).



14) This window will appear again. Click "Reload Page," and then you can help your next client!