

Add New Household & Visit – No Reservations

After searching for a neighbor and no results were found, click on **+Add New Household & Visit**.



Which primary service do you want to add this visit?

Please select all that apply for the event.

Pantry

Choice Pantry - 3 Day Supply

Delivery

Home Delivery (Grocery)

Non-TEFAP Eligible

Non-TEFAP

Next

Once you click on Add New Household & Visit, a screen will pop up asking which *primary* service a person is receiving. Only one primary service may be chosen at this time. These options will differ from one pantry to another based upon which services the pantry offers. All pantries will have a Choice Pantry – 3 Day Supply option for people who meet the TEFAP eligibility guidelines and a Non-TEFAP Eligible option for those who do not qualify. This particular pantry also offers home delivery.

Note: *Secondary* or additional services may be selected at the end of the intake process and more than one secondary service may be selected.

For this example, Choice Pantry – 3 Day Supply was selected.

Click Next and the following screen will guide

you through the required questions.

Basic Information ^

*First Name Middle Name (Initial) *Last Name

* This is required * This is required

Suffix

Contact ^

*Address No fixed address ?

* This is required

Apartment, Floor, etc.

*City *State *ZIP

* This is required * This is required * This is required

*County

* This is required

Email Address

Ok to contact ?

*Phone # Ok to contact ? No phone

* This is required

What method of communication do you prefer?

Text Call Email

Household **old** ^

How many people in your household, not including yourself, will benefit from the services provided today? ?

Household Members

SNAP Benefits **enefits** ^

*Is anyone in your household currently receiving SNAP or food stamps? ?

* This is required

Yes No Don't know / Prefer not to answer

Other Government Programs ^

Other Government Programs

Does anyone in your household currently receive benefits through the following government programs? ?

Don't know / Prefer not to answer Medicaid ? Supplemental Security Income (SSI) ?

TANF or cash assistance ? Women, Infants, and Children (WIC) ?

Income ^

Is your total household income lower than?: ?

per month or **\$32,805** per year

Yes No Don't Know


Note: Household income is automatically calculated based upon the number of people in the household.

If the person receives SNAP Benefits, OR receives any of the Government Benefits listed, OR has a yearly household income below the amount listed, then they are Eligible to receive TEFAP food.

Click Save and Continue.

If you determine that the person is not TEFAP eligible, see instructions beginning on page 8.

TEFAP Attestation



**Office of
General Services**

**The Emergency Food Assistance Program (TEFAP)
Attestation of Eligibility**

| | |
|-----------------|---|
| Recipient Name: | Banana Tester |
| Address: * | 99 Upper Oakwood Ave Elmira, NY 14904, Elmira, NY 14903 |

| |
|-------------------------|
| Total Household Members |
| 1 |

OPTION 1: Categorical Eligibility: You are categorically eligible to receive USDA Foods through TEFAP if you household participates in any of the following programs: **Medicaid, SSI, TANF, WIC, or SNAP.**

OPTION 2: Household Income: If your gross annual household income is at or below the amount listed for the number of people in your household, you are eligible to receive USDA Foods through TEFAP.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Annual Income | \$32,805 | \$44,370 | \$55,935 | \$67,500 | \$79,065 | \$90,630 | \$102,195 | \$113,760 |

For each additional family member add \$11,565




By checking here, you attest that the following is true:

1. The recipient's name, address (*to the extent practicable) and household size provided above is correct.
2. The recipient resides within New York State (there is no minimum length of residency required).
3. The recipient meets Option 1 or Option 2 of TEFAP eligibility guidelines above.
4. This food is for the recipient's home consumption only, and will not be sold, traded or bartered.
5. The recipient is aware of their civil rights as described in the USDA Nondiscrimination Statement below.

Signature Type: Verbal Signature

Date: 7/17/2023

Verbal Signature: Banana Tester

Verbal Signature: 

Check the box attesting the following is true.

Click the Verbal Signature button and the person’s name will appear in the Verbal Signature box.
Click Save and Continue.

Household Information: Required and Optional Questions
Required Questions

Basic Information **mation**

*First Name Middle Name (Initial) *Last Name

Dan Horse

Suffix

Select

*Date of Birth OR *Age

* This is required * This is required

Note: Date of Birth OR Age is required.

Gender Identity **entity**

*What gender do you identify as? ?

* This is required

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

Note: “What gender do you identify as?” is a required question to ask, although the person has the option to respond “Don’t Know/Prefer not to answer.”

Race / Ethnicity ^

*What race or ethnicity do you identify as? ?

* This is required

| | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Some other race or ethnicity | <input type="checkbox"/> Don't Know / Prefer not to answer |

Note: "What race or ethnicity do you identify as?" is a required question to ask, although the person has the option to respond "Don't Know/Prefer not to answer."

Optional Questions

Household ^

Household

How many people in your household, not including yourself, will benefit from the services provided today? ?

Household Members

Members

Status

Active ?

*First Name Middle Name (Initial) *Last Name

Member 1 Horse

Suffix Date of Birth Age

Select OR

[Additional Info](#) v



In this example, there are 2 people in the household. Note: Required questions only pertain to the Head of Household. Any information collected on the other household members is optional. You do not need to enter their full name and date of birth/age. You may click the down arrow next to Additional Information to enter Gender and Race/Ethnicity, but it is not required.

Additional optional questions will vary from pantry to pantry based upon the information they wish to collect. In this example, Military Status and Assistance are included as optional questions.

Military Status 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 Yes, now on active duty No, never on active duty except for initial/basic training

No, never served in the U.S. Armed Forces Don't know / Prefer not to answer

Assistance ance

Will you need assistance? (check all that apply) ?

Needs wheelchair Needs help bringing food to transportation Has additional needs ?

Note: For a complete list of questions, see Neighbor Intake Questions Required and Optional document.

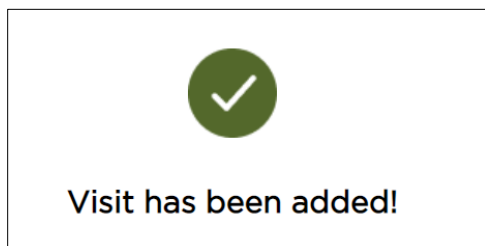
When finished, click Save and Continue.

The final screen confirms the Primary Service Provided, which in this example is Choice Pantry – 3 Day Supply

Primary Service Provided

Choice Pantry - 3 Day Supply

Click Finish.

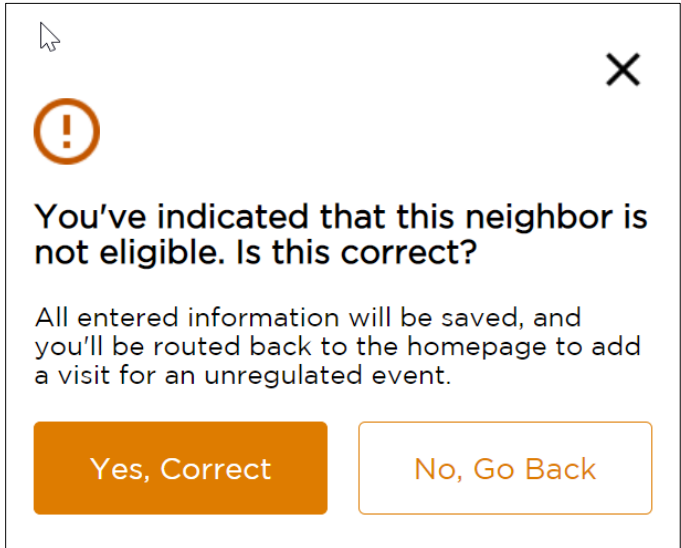


If Neighbor is not TEFAP Eligible

If a person is not eligible because they do not receive SNAP benefits, other government benefits, or if their yearly income is above the threshold amount, you may click the link indicating they are not eligible.

[Not eligible? Continue to unregulated intake \(if available\)*](#)

The following notice will pop up.



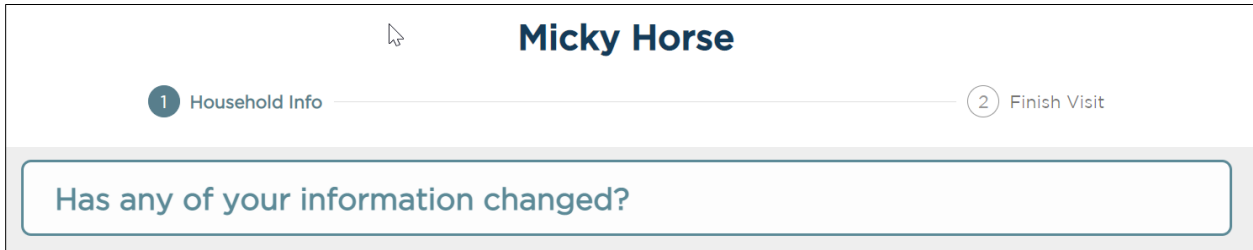
You've indicated that this neighbor is not eligible. Is this correct?

All entered information will be saved, and you'll be routed back to the homepage to add a visit for an unregulated event.

Yes, Correct **No, Go Back**

Click on Yes, Correct.

The information you have entered will be saved and you will be directed to complete the intake.



Micky Horse

1 Household Info 2 Finish Visit

Has any of your information changed?

Basic Information

*First Name

Micky

Middle Name (Initial)

*Last Name

Horse

Suffix

Select

Anonymous

*Date of Birth

OR

*Age

* This is required

* This is required

Contact

*Address

12 Pond Road

No fixed address



Apartment, Floor, etc.

*City

Van Etten

*State

NY

*ZIP

14889

*County

Chemung

Email Address

Ok to contact



*Phone #

123-456-7890

Ok to contact



No phone

What method of communication do you prefer?

Text

Call

Email

Gender Identity **entity**

*What gender do you identify as? ?

* This is required

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

*What race or ethnicity do you identify as? ?

* This is required

White
 Hispanic, Latino, or Spanish
 Black or African American

Asian
 American Indian or Alaska Native
 Middle Eastern or North African

Native Hawaiian or Other Pacific Islander
 Some other race or ethnicity
 Don't Know / Prefer not to answer

Household **old**

How many people in your household, not including yourself, will benefit from the services provided today? ?

Adults (18-64 yrs.)

 Children (0-17 yrs.)

 Seniors (65+ yrs.)

Proxy

How many people outside of your household would be picking up food for you? ?

Proxies

SNAP Benefits **enefits**

Has any of your information changed?

Update No Changes

*Is anyone in your household currently receiving SNAP or food stamps? [?](#)

Yes No Don't know / Prefer not to answer

Click Save and Continue

Final page confirms service provided:

Primary Service Provided **e Provided**

Non-TEFAP

Click Finish

