

# EMERGENCY FOOD REGISTRATION FORM

## Intake Information

Clients must be residents of the State of New Jersey

Revision date 1-21-2025

Date: \_\_\_\_\_ LDA \_\_\_\_\_ EFO \_\_\_\_\_

Name (Print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Town & zip code (required): \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children under 18 in household: \_\_\_\_\_

### QUALIFYING REASON (PLEASE CIRCLE)

*A participant in one or more local state or federal programs at or below the income threshold established by the state agency for TEFAP eligibility will automatically qualify for TEFAP USDA Foods.*

1. **SELF DECLARATION - LOW INCOME (185% of poverty)**
2. **Existing Local, State or Federal Program participant (example – WIC)**
3. **DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)**

Please explain: \_\_\_\_\_

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever and accept the food products “as is” and at my own risk.

“I certify that my total yearly gross household income is at or below 185% of the poverty level, OR that my household participates in the program(s) that I have checked on the Emergency Food Registration Form. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP USDA foods.”

CLIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Providing your address is optional, however any information you provide us with will help us to better serve you.

Street Address: \_\_\_\_\_

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%20P-Complaint-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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

9/8/2022 Revision date 1-21-2025

NAME: \_\_\_\_\_

NUMBER OF ADULTS IN HOUSEHOLD: \_\_\_\_\_

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>

NUMBER OF CHILDREN (under 18) IN HOUSEHOLD: \_\_\_\_\_

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>

**LACEY FOOD BANK**  
**102 Station Drive**  
**Forked River, NJ 08731**  
**609-242-2848**

Head of Household  Yes  No

CONSENTS (Required):

I give my consent to be contacted by The FoodBank if I am found to be potentially eligible for additional assistance (SNAP, Food Stamps, Free Income Tax Preparation, Affordable Health Insurance, Utilities Assistance, etc.)\*  Yes  Did Not Give Consent

I give my consent to be contacted by The FoodBank to share my testimonial and highlight my hunger related experience.\*  Yes  Did Not Give Consent



**DEMOGRAPHIC/ETHNICITY QUESTIONS:**

**Ethnicity:**

- White/Caucasian
- Native American or Alaska Native
- Black or African American
- Hispanic, Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Some Other Race or Origin

**Qualifying Reason for Assistance\*:** required

- 1-TANF
- 2-SNAP
- 3-SSI
- 4-WIC
- 5-Medicaid
- 6-Low Income
- 7-Disaster

**If SNAP, how much received monthly?**

\_\_\_\_\_

**IF DISASTER OR SPECIAL CIRCUMSTANCE:**

- Domestic Violence
- Family Tragedy
- Fire or Flood
- High Debt
- High Medical Bills
- High Utility Bills
- Loss of Employment
- SANDY
- Natural Disaster
- Temporary Disability
- Divorce             Other

**Household Type:**

- Single/Individual Household
- Single Parent W/Children under 18
- Two Parents W/Children under 18
- Grandparents Raising Children under 18
- Married/Partner w/No Children
- Other
- All Adults

**Employment Status of Head of Household:**

- Employed
- Unemployed
- Retired and Not Working
- Disabled and Can't Work
- Can't Work for Other Reason

**How Many People in Your Household are working?**

- 0
- 1
- 2
- 3 or more

**Number of Adults Age 60 or Older?**

- 0
- 1
- 2
- 3 or more

**Marital Status:**

- Single, never married
- Married or living as married
- Separated or divorced
- Widowed
- Single
- Divorced

**Highest Education Completed by Anyone:**

- Less than high school
- High school diploma/GED
- Vocational school
- Some college beyond high school or 2-year college degree
- 4-year college degree or higher

**Race of Applicant:**

- White/Caucasian
- Black or African American
- Hispanic, Latino
- Native American or Alaska Native
- Asian
- Middle Eastern
- Native Hawaiian or Other Pacific Islander
- Some Other Race or Origin

**Primary Language Spoken by Adults in Your Home?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Russian        |
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> German         |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Hmong          |
| <input type="checkbox"/> French     | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Arabic         |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Korean     |   |

**Current Living Situation:**

- House or apartment
- Mobile home or house trailer
- Rented room in motel or boarding house
- Shelter, mission, or transitional living situation
- Double up – temporarily staying with family/friends
- No housing
- At risk of being homeless

**Do you currently have?**

- Stove
- Microwave
- Hot Plate
- Refrigerator
- Grill
- Full Kitchen
- None of these

**Is Anyone in Your Household Pregnant?**

- Yes
- No

**How Do You Usually Get To This Program?**

- Walk
- Bike
- Take a bus or train
- Get ride from family/friend
- Take a Taxi
- Drive myself in a Car

**Do All Members have Medical/Health Insurance?**

- Yes
- No

**Did Anyone Serve in the U.S. Military?**

- Yes
- No

**Has SSA or Department of Veteran Affairs Determined Anyone Disabled or Blind?**

- Yes
- No

**Is This a Mixed Immigration Household?**

- Yes
- No
- Refused/Don't Know

**CONSENTS (Required):**

*I give my consent to be contacted by The FoodBank if I am found to be potentially eligible for additional assistance (SNAP, Food Stamps, Free Income Tax Preparation, Affordable Health Insurance, Utilities Assistance, etc.)*

**\* Required**

- Yes  Did Not Give Consent
- 

*I give my consent to be contacted by The FoodBank to share my testimonial and highlight my hunger related experience.\* required*

- Yes  Did Not Give Consent
- 

*I give my consent that my household information and assistance records will be shared through an electronic database, known as "Oasis Insight", with Fulfill. Fulfill is a non-profit organization that helps people identify and obtain assistance to which they may be lawfully entitled. I understand by participating in this database Fulfill may be able to assist me more effectively. I also understand that information provided by me for the Oasis Insight database may be shared with Oasis Insight participating food programs. Any assistance I receive will not be shared with participating food programs. This information may be used to create summary reports for program evaluation purposes.*

*Doy mi consentimiento para compartir la información de mi hogar y mi ayuda a través de una base de datos electrónica conocida como "Oasis Insight", con Fulfill. Fulfill es una organización sin fines de lucro que ayuda a las personas a identificar y obtener la ayuda a la cual pueden legalmente tener derecho.*

*Entiendo que, al participar en esta base de datos, es posible que Fulfill pueda ayudarme más eficazmente. Asimismo, entiendo que la información provista por mí para la base de datos de Oasis Insight puede compartirse con los programas alimenticios participantes de Oasis Insight. Cualquier ayuda que reciba no se compartirá con los programas alimenticios participantes. Esta información puede usarse para crear informes resumidos para fines de evaluación del programa.*

- Yes  No

**\* Required**

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Signature/Firma

**\* Required**

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Date/Fecha